

# The Visiting Nurse Quarterly of Cleveland

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## Editorials

### I.

We hope that all visiting nurses and all boards of trustees of Visiting Nurse Associations who read the reports contained in this number of the Quarterly will be as unanimous in their sentiment for national organization as were the nurses who attended the Chicago Convention.

Co-operation through wise organization practically endows the weakest member of an organization with the strength of the strongest without diminishing the strength of the latter. Whatever has been found to be of practical value to visiting nurse work by the oldest and most active associations in this country will become

an asset in the common treasury of a national organization.

Of inanimate, inorganic things the saying is true that no part of a thing is stronger than its weakest part. A boiler, for instance, is no stronger than its weakest part; a bridge is no stronger than the flaw which perhaps has been built into it. But directly you commence to reckon with life you find that life strains upwards towards higher levels; and that in organized societies the strong can, and do, raise the weak if organization and co-operation are genuine and are founded in a real need. From all sides comes the criticism that because of lack of organization among the bands and bodies of individuals who are trying to reduce the evils and the distresses which are present in our civilization, a great waste and dissipation of energy occurs and that only a small part of the good which might be effected by so much expenditure of time and effort is effected because of this lack of cohesive strength.

We congratulate the delegates in Chicago most warmly not only upon having chosen a name broad enough to cover all kinds of nursing done for the general good, but also for having provided so that bodies of lay trustees can through their professional members have representation in such a National Organization.

One of the strongest arguments, we think, for a completely democratic system of government is that it unlocks and frees the power of many men, since one can never realize the worth of a purely potential treasure.

We hope that the lay members thus represented will continue to prove the deep interest in public health nursing which has caused them to give already so much of their time and substance to the financial and the material administration of such work.

## II.

We conceive an executive secretary to be the first and greatest need of this National Organization. It

seems difficult to overestimate the good such a secretary could do by keeping in personal touch with all the visiting nurse organizations in this country. There are about a thousand such organizations in the United States; some employing only one nurse, some employing many scores of nurses; some having trustees who are unaware that there is a distinctly recognized art of administering social relief which has back of it a rapidly growing body of scientific principles, and others having trustees who spend much time in theoretical and practical study of charity organization. A field secretary who could continually carry from centre to centre needful help, advice and instruction would very rapidly effect the standardization of method which by any less direct way would proceed much more haltingly. There is no inspiration like the inspiration of the spoken word or no help like the help of the active human presence.

So we hope that our executive secretary will be endowed with the talents and the tact necessary to prosecute this very great work so wisely that the new organization will be strong with the combined strength of all the public health nursing done in this country.

### III.

Every now and then in Dr. Cabot's remarks on "The Educational Aspects of Medical Social Work," one comes upon a word or a phrase which makes one feel that he has indeed been led into "still places"—places where the real things of life have been shown to him and where the still small voice of inner revelation has spoken in tones not to be cried down or overborne by the noise and stress of the daily work. Our reverence and respect for these things makes it hard for us to have to differ with him concerning his system of classifying the doctor, nurse and social worker as three persons in two professions, relegating conclusively, as it were, the nurse to an assistant's place in the profession of medicine. This

classification causes us astonishment and concern. We feel that it is inaccurate, and that if it becomes the accepted estimate in this country that it will do great harm to the profession of nursing.

The poor in the environment of the home were discovered by bodies of nurses before even the first nurses' training school was founded, and decades before the concerns and affairs of these very poor were the subject of sociologic investigation and enterprise. But just as the truly good physician in those earlier days concerned himself with something more than the ills of the flesh of his patients, so the nurse also when she was good and true concerned herself most intimately and most patiently with the misfortunes of the families to which she was sent. The beginnings of this tender, active practice of sociology constitute a body of reliable experience, the worth of which it would be difficult to estimate.

The need for the presence in our civilization of non-medical, non-clerical, non-pedagogical social workers is in itself a confession of failure, not strength. It is certainly a reproach to modern civilization that whole classes of society should be in chronic need of professional experts to adjust their lives and their fortunes unless sickness, or moral or mental ill health have served to handicap them in their life chances. If such a permanent chronic need exists, should not the basic evils causing such a condition be uprooted rather than an army maintained to pare them down

We most fully believe that in an enlightened state of society a social worker would have to be a minister, a physician or some type of teacher or nurse. But we just as firmly must insist that such household ministrants must possess, in addition to the profession which gives them legitimate entrance to the homes, all the training which the sciences and modern practice of sociology and daemography have built up for the readjustment of these distressed lives. There should be no professional social



worker as distinct from the professions whose entrance *dignifies* the home. We feel that the right to question, to uncover the weaknesses and to probe the wounds of these stricken families should only be given to those who enter the home for some other reason than because the family is "down and out." Such workers may enter because of some contributing cause of insuccess, but not solely on account of a general failure to swim unbroken in the stream.

Now we do realize that a vast number of nurses who are working in the field have failed to give more, or much more, than the perfunctory assistance of physicians' bedside aids, and because of this we feel it to be extremely dangerous that they should be still further hypnotized by an idea which seems to us fundamentally false. The hospital training schools must meet the requirements for some degree of social education for all nurses. The interrelation of life is constantly more complex and more close. Workers cannot afford to be ignorant of the facts and the theories concerning contemporaneous mankind, which are being revealed and evolved in all countries and in all earnest societies. If a graduate nurse finds herself deficient in weapons for a good active participation in the struggle of today, she must insist upon post-graduate training. What a sorrow and a shame to the profession of nursing it would be if in this day when physical sickness should be the accidental not the chronic factor in a sick society the nurse should lie back contented to remain a bedside assistant! It is for her, to whom the key of the homes was originally given, to work with great humility, a splendid faith and tireless energy to be worthy of the right to protect the sacredness of such homes by being equal to the demands with which modern sociology challenges her.

You cannot be a great social worker just by claiming the right to be so considered. Not even by urging the value of your long experience. There is a great body

of principles which have been painstakingly and elaborately evolved concerning the readjustment of the lives of the very poor. From such principles certain procedures are derived and it is your duty as nurses to be familiar with such procedures. Certain practical points in your training seem to give you a peculiar fitness to co-operate socially with physicians:

First, the training which enables you to detect the presence of unrecognized disease in a family.

Second, the discipline to which your very serious calling has subjected you.

Third, your training in a system of ethics which precludes the possibility of your offering to the physician a diagnosis of disease.

Finally, in your hand you carry as nurses the great gift of manual work which shows "your people" that you belong to them in a peculiar and especial way—a way in which no person or persons doing head work only can ever belong to those classes whose toil is with their hands. Lamentable indeed will it be if the profession of nursing fails of entrance into this promised land.

#### IV.

Professor Meade's address on "Co-operation of Social Agencies" shows us that everywhere the same need is felt for close organization of the forces that are seeking to modify the evils of society. Where so much has to be done it is a pity that any energy should be lost, any work unnecessarily duplicated. It is also to be deeply regretted that homes should be exposed to a publicity which may engender that worst of misfortunes—a conscious acquiescence in being "carried" by a system.

It does seem that much of the work which we do in the home could be done at a central bureau. We should all of us be able to gather together and consult and confer with each other at some central place. There we could put together the puzzle picture of the family need, block

by block, each bringing the fragment or angle pertaining to his part of the work—not seeking to get a whole picture many times from the same home.

There should be just as little duplication of investigation as the finest system of records could make possible. Each city as a whole and everyone working for the public good should be willing to do his part toward establishing and maintaining a system which would cut down unnecessary expense and protect the home from unnecessary investigation.

## V.

Just a word about Mrs. Hanson's very wonderful paper on "The Domestic Educator." We commend it to our readers and we ask them to find other readers for it. It is its own best explanation. More than half of all our trouble lies, we think, in failure to recognize that we should share some of the opportunities and teachings which we have had with those who have not had such opportunities. Let us give these people some of the real things, some of the things without which we would most assuredly find ourselves in their condition. For sensible, straightforward human helpfulness it would be hard to find any form of endeavor which seems to go more directly to the need than this work as described by Mrs. Hanson. Such work creates a basis for mutual understanding.

## VI.

The National Organization for Public Health Nursing will depend largely for its success upon its membership. We refer our readers to Article IV. of the Constitution—printed in this issue—for the types of membership which this national organization has been wise and far-seeing enough to provide for. We beg that individuals and associations will acknowledge promptly their allegiance to this great body by sending their membership

to Miss Lent, and that it may receive from the first enthusiastic and earnest support from all those persons who are interested in this country's movement for public health.

## VII.

On Thursday afternoon, June 20th, the first class in Social Nursing was graduated from the Cleveland Visiting Nurse Association.

The exercises took place in the rooms of the Association, 612 St. Clair Avenue, in the presence of a group of nurses, lay members of the organization, several representatives of the Western Reserve University, and a few visitors to the National Conference of Charities and Correction which had closed its sessions the day before. Miss Ella Crandall, of Teachers' College, Columbia University, New York, gave the address.

Her words of counsel not only to the small class before her, but to the other nurses in the room, were earnest, simple and straightforward. The great emotions so recently felt at the Chicago Conference of the American Nurses' Association when the National Association for Public Health Nursing came into being, prolonged themselves in her words so that the address seemed, in a very high sense, an appeal to all that was highest and best in us for this nursing for the public good.

Dr. Charles F. Thwing, President of Western Reserve University, presented the diplomas to the graduates, and the exercises closed with a few words of congratulations from the chairman of the training class.

## The National Organization for Public Health Nursing

Mary S. Gardner

On June 7th a new national organization was born in Chicago.

There are so many national organizations already in existence, serving so many different interests and necessities, that we would do well to give pause before adding another to the list, and assure ourselves of its real necessity.

For some years it has seemed to the nurses engaged in the different forms of visiting and public health nursing that a real danger exists in the phenomenally rapid growth of all this branch of nursing unless certain standards could in some way be established and maintained. In the very need and desirability of such work lies part of the danger, for the appeal has been so obvious that it has caused the sometimes hasty formation of innumerable small associations managed by men and women eager to give their aid to so excellent a movement, but without, as yet, a real knowledge of fundamental requirements.

Clubs and societies formed for other purposes have enthusiastically raised the money to support a nurse, and have, perhaps unavoidably, selected one with insufficient or no district training, and placed her in a difficult field without realization of her problems, or the ability to help her to do her work on the wisest or best basis. States and municipalities, churches, manufacturing and commercial firms, as well as one of the largest insurance companies, are employing nurses. Can we expect that all these diverse bodies of people should give time to the study of the best form of development of such work, or even that their own part of it should be recognized

as a part of a great movement sweeping over this and other countries? How would it be possible? With the best intentions in the world are not all of us unable to see the forest because of the trees that obstruct our view? and does not our own individual local problem hide for us what in reality may be a world-wide issue?

Seeing this situation, and the dangers attendant on the employment of insufficiently trained nurses, by insufficiently trained boards of managers or other bodies of lay people, a joint committee was appointed in January, 1912, by the American Nurses' Association, and the Society of Superintendents of Training Schools for the purpose of determining some method of standardization for visiting nurse work. After due consideration a letter was sent out by this committee to 1092 organizations employing visiting and public health nurses, setting forth the situation as described above and requesting that delegates be sent to Chicago on June 5th to attend a meeting called to consider the desirability of forming a National Visiting Nurse Association. The response to this letter showed plainly that the need felt by the committee of some method of standardization, was also felt all over the country by both nurses and laity. Large Visiting Nurse Associations wrote commending the proposition, while small ones, employing a single nurse, wrote that they personally would value a national organization to which they might appeal for advice. State and city Boards of Health also wrote approvingly, as did some of the business firms and other business enterprises. From the nurses, however, working more or less alone, or in very small groups, came the most hearty endorsement. Many of them expressed in different ways the really heartfelt need of the help to be derived, either directly or indirectly, from some form of central organization; and some of their letters showed an almost pathetic loneliness of situation both geographically and from the view of understanding sympathy. Eventually

sixty-nine organizations sent delegates and twenty-nine others wrote that they were only prevented from doing so, because of the financial impossibility.

Considering the enormous size of our country and the fact that the letter went into all but nine states, I think this may be regarded as an extremely good response.

The first meeting was held at the Auditorium Hotel on June 5th, and the large hall was filled to overflowing. The report of the committee and the proposed constitution were read, and the question of the desirability of forming a National Association thrown open for discussion. The expression of opinion as to the need of such an organization was universal, but a positive vote on the subject was impossible until the acceptance of the report of the joint committee by the two societies appointing it.

This had already been accomplished as far as the Society of Superintendents was concerned, but the American Nurses' Association had not yet had its first meeting. The meeting was, therefore, adjourned until Friday morning, June 7th, at which time it was hoped that all necessary preliminaries might have been disposed of. The report of the joint committee, which fortunately for all concerned was not a very long one, was presented to the councils of both societies and also to both bodies in full session, and the question of the relation of the new organization to the American Nurses' Association discussed with the council of that body. The council considered the more important articles of the constitution, particularly the one setting forth the basis of membership, as that was the point principally affecting the relationship of the new organization to the American Nurses' Association. Membership was granted, and also representation on the executive committee of the American Nurses' Association.

These terms, the same as those asked for and obtained by the Superintendents' Society, were felt by

the committee to be extremely satisfactory, especially as this membership of both Superintendents' Society and Visiting Nurses' organization in the American Nurses' Association makes for the first time one strong, united body of nurses.

When, therefore, on June 7th the delegates were again called together, all was in readiness. There was no dissenting voice as to the desirability of organization, and while there was the fullest possible discussion of the tentative constitution presented by the committee, a quite wonderful spirit pervaded the meeting. The interest and enthusiasm was intense, but all seemed willing to waive mere personal feeling to meet the wishes of the greater number; and local points of view, while most helpful in determining the desirability of certain policies, were in no instance allowed to endanger issues involving the entire country.

Much time was spent in the consideration of the name. Before the meeting it had been felt by a certain number that the name presented by the committee, The National Visiting Nurse Association, covered all forms of visiting and public health nursing work, and was on the whole very satisfactory. The vote of the committee, however, had not been unanimous, two of the members preferring the use of the words "Public Health Nursing," and in the discussion of this point by the delegates it was demonstrated that Visiting Nurse in many parts of the country is a restricted term, failing to express the varying forms of work, such as school and factory nursing, welfare work, etc., etc., etc.

The vote, therefore, was unanimous for the name **National Organization for Public Health Nursing**. It was felt that in this name all forms of visiting nurse work (which may or may not mean bedside care), school, factory, welfare, tuberculosis and social service work would be included, as well as newer forms of work for the preservation of the public health which are perhaps



as yet undreamed of. Also the use of the word "nursing" instead of "nurses" made it possible to bind together, in one great national organization, the great and ever increasing body of lay workers with nurses in the common cause of public health education and service.

Article by article the constitution was gone over and was at last accepted as a whole, with applause, in the form in which it is to be found on another page of this magazine.

It was decided to leave the by-laws to the new executive committee to be elected later, with the exception of the question of dues. After some discussion it was voted that the dues for corporate membership should be Ten Dollars per annum, for individual membership One Dollar, and for associate membership Three Dollars.

Election of officers and the board of managers then took place, each election being unanimous.

The real business of the morning being at an end, a beautiful christening present was made to the new baby by the Cleveland Visiting Nurse Association. The seal, a work of art of great beauty, which has for some time been used by the Cleveland Association was presented to the National Organization for Public Health Nursing. This most generous gift was received with enthusiastic applause and with expressions of appreciation. The seal represents a beautiful young woman planting a sturdy young tree, underneath are the words from Proverbs, "When the desire cometh it is a tree of life."

The proposition also came from Cleveland that the Visiting Nurse Quarterly should be taken over by the Organization. While the great advantage of having an already organized publication within our reach was felt to be self-evident, it seemed wise to leave this in the hands of the executive committee, in order that a matter of so much importance should not be dealt with hastily or without due attention to detail.

After over three hours of meeting, which for some

of those present, seemed but a moment, so great was the interest, a motion for adjournment was made.

As I began by saying, a new Organization has been born. It has for its first president, Miss Wald, a woman whose name has stood for progress and accomplishment during all the years that she has been at work. Mrs. Robert L. Ireland, of Cleveland, has accepted the chairmanship of the Finance Committee, which practically assures a budget sufficient to maintain an Executive Secretary whose whole time will be given to works of extension and standardization, and to the giving of advice to all who need or desire her service. That such work is greatly needed is evidenced by the fact that in nine of the United States there are no visiting nurses at all.

We have now to see to it that our tree of life is not only planted but kept watered and pruned, and *that* is the individual work of every single public health nurse in the United States, and no less vitally the work of every manager and interested man and woman, who, by their interest, wisdom and money make possible the work of the nurses.

## The Domestic Educators—A Pioneer Work

Address by Mrs. A. L. Hansen, at Chicago, June 5, 1912

### The League

The immigration question is a very vital one at the present time; we are all forced to consider it whether we will or no, as there are few of us who live so remote from the world's centers that the immigrant touches us not at all. We know that almost daily thousands are pouring into this country, many from southern and eastern Europe, and we have to pause occasionally and wonder how they are to affect our country, and what we are doing for them.

The question of the immigrant was one considered very gravely by Governor Hughes of New York, and in 1908 he appointed a commission to inquire into the welfare and industrial opportunities of the alien in New York State. The report of the commission showed a tremendous need not being met by any agency—civic, state or philanthropic—and it was felt necessary to appoint a committee which would take up the immigrant question in New York State from a viewpoint broader than race or religion, exclusion or admission.

The North American Civic League for Immigrants, with headquarters in Boston, was doing a similar work, and it was decided by the New York people that it would be a good thing to affiliate themselves with the League. This was done, and a New York-New Jersey Committee was formed, with Mr. Frank Trumbull, president; Mr. Frank Vanderlip, treasurer; and Mr. William Fellows Morgan, secretary. Many persons prominent in business, professional and philanthropic circles are on the committee, among others Miss Frances A. Kellor, head of the State Bureau of Industries and Immigration.

## **Buffalo**

In March, 1911, the Buffalo office was opened, Mr. John Daniels being sent by New York to start the work there. Soon after the office was opened a committee was formed, having Mr. Adelbert Moot for chairman, Mr. A. C. Goodyear, treasurer, and Mr. John Alan Hamilton, secretary. The committee is a very representative one, having among its members Roman Catholics, Protestants and Jews—Americans, Poles and Italians.

## **Immigrant Visitor**

Early in the summer of 1911 an immigrant visitor was appointed, a man speaking many languages, whose work is to meet the immigrant upon arrival in Buffalo, and give him advice and instruction, and if possible secure him work at once.

## **Results**

Some of the direct results of the League's work in Buffalo are:

- (1) The establishment of a branch of the Farm Labor Bureau of the State Department of Agriculture, where immigrants and others may be sent to farms as laborers, tenants and owners.
- (2) The largest industrial school in the country outside of New York City, 300 Polish boys in attendance.
- (3) Establishment of the Legal Aid Bureau to protect immigrants and others from exploitation.
- (4) The introduction of systematic instruction in citizenship in public evening schools.
- (5) The appointment of a director of evening, vacation and special schools, to devote all his time in making this part of the public school work more efficient.
- (6) The introduction of domestic and hygienic instruction into the homes of the immigrants.

## **Domestic Educators**

As regards the last, the League felt that it was useless to teach a man good citizenship in public schools,

if his home was in a filthy condition and his wife hopelessly ignorant of all methods of cleanliness and cooking. Good homes make good citizens. This work was a pioneer work, not only in Buffalo but in the entire country. Settlements and other associations had done



DOMESTIC EDUCATOR TEACHING IMMIGRANT  
MOTHER BABY WELFARE WORK.



DOMESTIC EDUCATOR TEACHING IMMIGRANT  
WOMAN FOOD VALUES.

a little of the work, but never before had there been put into the field specialists to teach from home to home to immigrants only. The workers for this field were entirely new and a new name had to be found for them—that of “Domestic Educators” was found the most fitting.

### Subjects

The subjects taught by the Domestic Educators, briefly, are:

- (1) Hygiene—personal, domestic and sex.
- (2) Ventilation, and prevention of disease.
- (3) Food principles and cooking.
- (4) Buying, and economy of expenditure.
- (5) Home nursing and care of children, and instruction to prospective mothers.
- (6) Sewing—both garment making, millinery and mending.

### **Qualifications**

As co-operation is one of the strong points of the League's work, the Domestic Educators must know how to co-operate easily with all the other agencies in the city. So it is easily seen the necessary qualifications for a Domestic Educator are varied:

- (1) She must be a practical housekeeper.
- (2) She must be able to teach.
- (3) She must have the knowledge of a trained nurse.
- (4) She must be tactful and diplomatic to gain the confidence of the immigrants, and to co-operate pleasantly with other organizations.
- (5) She must have good common sense—sympathetic but not sentimental.
- (6) She must have good health and know how to retain it.

### **Co-operation with District Nurse Association**

As the League's Extension Secretary, Mr. John Daniels, thought over these qualifications and thought over the various social service workers, he came to the conclusion that the District Nurse Association was the organization best qualified to help him in his quest for workers. In August of last year he held a conference with Miss Shaw, the superintendent of the Buffalo District Nurse Association, the result of which was the appointment of a district nurse to start the domestic educational work. Miss Shaw was asked to personally assist in the organization of the work, and to allow the workers taken over to the Civic League work to remain associate members of the District Nurse Association staff, although they were to be directly under the control and paid by the League. Mr. Daniels wishes me in his name to make a public acknowledgement of the great and invaluable assistance given the League by Miss Shaw. She held weekly conferences with us for months, in fact until the work was well started, and willingly gave up nurses to the League when workers were needed,

greatly to her own inconvenience. It is not to be said that every Domestic Educator will have to be a district nurse, any more than that every district nurse will make a Domestic Educator, but the district nurse who has had also practical housekeeping experience, and understands the various departments of sewing, seems by her particular training to be the one worker best qualified for the position of Domestic Educator.

### **Start in Black Rock**

On September 1st of last year I started out with the very great help of Miss Shaw and Mr. Daniels, to organize the work in Black Rock, a suburb of Buffalo, where there is located a mixture of immigrants—Poles, Ruthenians, Russians, Swedes, Hungarians and Austrians. I chose to begin here rather than in "Little Italy" or "Little Poland" because I had been the district nurse for this section for three years. My first step was to gain the confidence and co-operation of all the priests, and the more influential of all the foreigners. The first decided steps were taken with Father Sambrotowicz, priest of the Ruthenian Church.

He told me that people had come to help him in his church but that they were not people just working for social progress but were seeking converts. He said: "I will introduce you to the women of my church on Sunday next and I will call a meeting after church is over, in the afternoon, and you may come and talk to the women and see how they take it." On Sunday afternoon I met the women and spoke to them about neighborliness and the desire to help one another, and told them that in this way they could assist me in doing the things I wanted to do for them.

The result of this Sunday meeting was an invitation from every woman to call upon her. Each woman gave me her name and address and that was the opening wedge in starting this work.

There were quite a number of young girls at the

meeting, girls who had no homes, and they came to me and said, "We would like to have some help, too"; and I asked, "What sort?" One girl said, "I want to buy clothing and I do not know what to do about it; will you help me?" We then had a meeting of the young girls; then we formed the Ruthenian girls' class which met once a week and I taught them Personal Hygiene, Buying and Economy of Expenditure. I told them how to buy clothing; I told them the name and the use of every article of clothing and got samples from the store and pointed out to them what was a good sample. I explained everything in connection with their clothes and talked to them about economy of expenditure.

I am going to tell you something of the Ruthenian families; two cases in particular stand out. One is a case of Mrs. Berne; the priest told me she was tubercular. I said of course if the woman was sick I would turn the case over to the District Nurse Association. I called to see her then, and she did not look to me as though she were very sick. In talking to her I found she was eating everything but the food she should; this was the first week in September and her windows were all nailed down. However, we took her to the physician, and he said what she needed was fresh air.

For several months I worked with the woman and I got her to convert her home. The furniture was rearranged in order to ventilate without a draft; her children were kept on a good diet, and I had to teach her how to select materials and then showed her how to mix them. The result was that the woman moved to a better place; her children were taken out every day and allowed to play all day, and they now have a large sand pile to play in. A few months ago when I went into the house she told me there was a woman living on her street who was in just such a condition as she was formerly. She said: "She cannot talk English but she is willing to learn, and if you will



tell me just what you did before, I will tell her." So she became for us a faithful worker and through her we worked with three other families. Every day when I call there she gives the problems of the other families, so we feel that through that family the domestic education work has been a success.

Then there was another family, the Harrause. I had been going over for quite a time to see the baby; it was not sick, only neglected. And one day while I was teaching her how to care for her baby she said, "My husband is going to the saloon every night; I wish you would help him as well." I asked her, "When your husband comes home, do you look just like you do now?" "Of course," she said. "Don't you clean up at all?" asked I. "Why clean up?" she asked. "Do you meet your husband in just the condition you are talking to me now, without any corset on and your hair untidy?" She said, "Why dress up for my husband?" and I then told her, "If you want to hold your husband you will have to dress up for him; if you have to clean up before you are married to him you will have to clean up ten times more after you are married." "Well," she said, "I am awfully anxious to have him at home, because it is lonesome for us and he uses so much money. Will you tell me how to make myself and my home attractive for him?" she asked.

It was just the opening I was looking for, to get that woman to clean up. And when I was over there two weeks ago she was having a party; her husband does not go to the saloon any more at all; she had made cake from my recipe, and coffee, and had three of her husband's friends who were just boarding, and they came on Saturday every week to play cards there instead of the saloon.

Meantime Father Boehm, priest of the Hungarian Church, had offered me the use of his school room whenever I wanted it, as soon as I convinced him I did no

proselyting. As the school is very poor, and as there are only two sisters to teach nine grades, the girls are taught no domestic science at all, and are forbidden to go to public school.

When I started my work in the Hungarian district it seemed to me that the girls were the ones who needed me the most; I therefore asked the priest if I could have the girls two or three times a week.

We then got sixteen girls, twelve to fourteen years of age, twice a week after school. I started in teaching these girls to sew, and while they were sewing I talked to them. I told them all about cereals and cooking and economy of expenditure and the next week I asked them if they had told their mothers about the cereals, and asked what their mothers had said. One of the girls' mothers had said: "If that lady wants me to make oatmeal, she will have to come and show me how to cook it."

As a matter of hygiene I asked the girls to bring their tooth brushes; out of the sixteen, three complied. One tooth brush was individual; the other two were family affairs.

I started to talk about the care of the teeth and personal hygiene, and a short time afterwards a little girl brought her breakfast to school with her as she had to communicate that morning and would not have time to return home for breakfast and then come back again in time for school, but with her breakfast she brought her tooth brush; it was so impressed upon her mind that she must brush her teeth after eating. Then we tried to teach these little girls how to make beds, and the care of babies, with models; these tiny beds were fully equipped and with these models we taught them how to clean the bedsteads and the springs.

On November 1st the work was extended into the Polish district in East Buffalo. Mrs. Stella Kluczycka was my assistant among the 85,000 people living there.

She is a Polish lady, who has had a good practical housekeeping experience and was desirous of training for social service work among her own people.

Under my instruction Mrs. Kluczycke visited the Polish priests and business men and an understanding of the work was established. We then began work in a few families, finding hygiene and ventilation the subject most necessary for many visits. Then we followed up with buying, Mrs. Kluczycke explaining to them under my direction, and going with the women to the market and stores. I then felt it necessary to give Mrs. Kluczycka more definite training in class, and as it is as easy, and perhaps easier, to teach several I made it known that any Polish ladies and girls were welcome to join the Training Class. Eight came the first day. We started teaching twice a week for an hour; then after a week I gave them a course in home nursing one day and the other afternoon taught them about food principles, and then later secured a lady doctor to help me. Dr. Mallory goes twice every week and is much interested in the work. She is working along nursing lines and teaching sex hygiene and obstetrics and children's diseases and showing them how to recognize the disease. We are simply teaching them enough so that they will know when it is necessary to send for a nurse; before they were so ignorant that they would not have sent for a nurse even when it was necessary.

The families were referred to us so quickly that on January 1st the work became so heavy, a trained worker was given to me for this district. Miss Shaw gave up one of her oldest nurses, Miss Pearl Fish, and she took charge of the Polish work. With her advent we were able to satisfy many of the Polish girls who had been begging for class work, and two classes were started, one for sewing and the other for cooking. These classes were held in the homes of the immigrants, not in classroom or school-rooms; but we worked in the homes, so

we knew in teaching the girls we taught the mothers as well.

In the Polish district the results in some of the homes have been very good. About three months ago I went through this district and found one home in particular in a very bad condition. The woman's stove was covered with grease and everything was littered around the place. The Domestic Educator went into this home and started to work. I had her weekly reports but I did not visit the home. About three weeks ago I took a visitor from New York into the district and we went into this home. I was amazed; I did not realize just what it all meant—the difference. The woman herself looked clean; her bed was clean and a nice white spread upon it; the bedstead had been scrubbed and the floors were clean. The stove was shiney; her dishes and pans were all scoured and hung up. Everything was just as clean as it could be. The day I went in there the Domestic Educator was teaching the woman how to make aprons. In that home the child had hernia; something had to be done, so the baby was taken to the Dispensary and because we were able to help the little fellow the mother was willing to do anything.

Another duty in this work is the care of little children; when we find a case of sickness that needs nursing in the home we turn it over to the District Nurses, but in a case that needs Dispensary care we do all we can to persuade the patient to go to the Dispensary, generally going with her ourselves. These cases coming up and responding so quickly are very encouraging.

My first trained worker started on duty on November 15th in the Italian district. Miss Pauline E. Rath was also a former district nurse.

We call it the Italian district, but there are also a great number of Syrians living there.

There are several settlements in the district, and we

looked around for awhile to see just what they were doing, in order to avoid duplication. We found, nevertheless, a great need to be met, which we alone could meet, as we alone had the specially trained workers for this special work of house to house domestic science teaching.

In one family the woman's husband told Miss Rath that his wife was dirty, was born dirty, and there was no need to ask the woman to clean up. The first thing we did was to get her to wash her windows and after that it was easy to get her to clean the rest of the house. Then it was decided to start a class in her home and I knew if we flattered her in putting the class into her home she would clean up her house; we talked about the class, and of course told her she would have to keep her house clean; she started right in then and cleaned up. Our workers who enter that home are perfectly amazed at the difference. Our Social Service worker, Mrs. Joseph Devine, of the Child Welfare Exhibit, told us we should have Mrs. Raymondi as a living example at the Exhibit. Miss Rath took the woman to market one Saturday morning at Clinton street; at first the woman would not walk the four or five blocks to the market; she wanted to go to the little store on Seneca street she had alway used. Miss Rath told her she would prove to her that she could get better things for her money at the market, and only wanted her to try it. A little later the family was in quarantine on account of scarlet fever, and one day Miss Rath did the marketing for her, but as she was in a great hurry that afternoon she simply went into the little store on Seneca street to buy what she needed. The next day when she called in to see her the woman complained of the things she had sent her and said: "You bought that on Seneca street. Why didn't you go to the Clinton street market? That meat had no nice little strips of fat with it, and we had to cook it for hours and hours." This showed she had learned her lesson.

Passing through the market one day I spoke to the market man and asked him if he was noticing any difference in his trade and he said, "I can't palm anything off now on the women you bring."

One thing that made Miss Rath start to teach the women in the Italian district about American food was a Thanksgiving dinner. A charitable organization had sent a basket into one of the Italian homes, but some of the contents were food they did not know. They had never seen any cranberries before so they threw them away, saying they were so sour they could not eat them. The canned pumpkins they thought was some sort of jell and so spread it upon their bread. We decided therefore to teach them about cranberries and canned pumpkin.

As in the other districts, we found it necessary to hold classes for girls, being very careful to take only those girls unable to get the instruction from any other source. Classes along the same lines as in other districts were started in three homes, and one in a public school by permission of Superintendent of Schools Emerson. Then a dressmaking class was started in a home.

In all the districts we make a special point of teaching economy. Economy in division of weekly income, economy in buying of foods, and economy in their preparation, especially with "left overs." We teach economy in buying and making of clothing, drawing attention to the fact that cheap lace and cheap tawdry flowers are a waste of money making a showing only for a few days but with nothing substantial. In buying a bed, we try to persuade them to buy a good iron bed with good springs and mattress, rather than the costly (and yet always poor quality) brass bed, in which case the money left can only run to a poor spring and a poor mattress.

Another particular work in all districts is work with prospective mothers.

In these cases we send a district nurse if the women

can be persuaded to allow it; but in many cases the woman will not allow a nurse; they insist upon the midwife, and in these cases we teach the woman the proper preparation for confinement and when the midwife is through treating the case we go back to the care of the baby and mother. This the visiting nurse cannot do, we are the only trained workers who are allowed to follow a midwife.

We found some curious things in connection with the preparing of baby outfits. One Syrian woman said she was willing to have the American outfit, if we would tell her how to buy it, but she did not want us to buy the material; she wanted her husband to buy it. So Miss Rath explained what the man should buy and later we found that for baby slips he purchased kimona material with a large poppy design.

### **Co-operation**

Our co-operation with the Charity Organization Society has been very close from the first. In mutual families they have given us charge of the relief put in if we desired it. Sometimes we asked for the relief in a grocery order, sometimes in cash. In the Polish district in particular we found that although the Charity Organization Society grocery order called for fresh milk, fresh meat and fresh vegetables, the women could get none of these things at the store the order was drawn on. So by special arrangement, we got various storekeepers to keep these articles for our families, and after awhile they found it paid them to keep them for others too. We have compelled the Polish dealers to keep oatmeal and other cereals; also cocoa and cocoa shells, saying that if they would not do so, we would purchase for our families at the big markets, which were too far away for the women to trade with. These are the stores which buy such things in bulk, as it is cheaper than to buy in packages, so after inducing the storekeepers to



buy in this way it was found necessary to go in and see that the articles were kept in a good clean condition. The responsibility is always ours after we have made them get the things in the stores.

We have also close co-operation with the Children's Aid Society, the Hospital Social Service workers, and the settlements.

Just lately we have also started co-operation with the public schools in Buffalo. After taking a list of the names of different children attending the Domestic Science classes, our Domestic Educator called at the homes of the children to find out how much knowledge they take home and if the mothers benefit by it. The children take home the knowledge, and tell their mothers, but few of the women start to do it for themselves. We feel that the reason for this is because they do not like to take instruction from their own girls, and so we tell them that our Domestic Educator will teach them in their homes while the little girls are at school, and then the mother can surprise the daughter by showing her she knows just as much about it; and in this way the women are willing to be taught during the time the children are away at school.

Another feature is the "Big Sister" attitude toward the little girls. In all our cities we have many children—girls of ten to fourteen years of age—who are not able to go to school on account of sickness, and so must stay at home and get no education. Many women act as "Big Sisters" to these little shut-ins, and through the aid of the Young Men's Christian Association we find "Big Brothers" for the unruly boys, as well.

In our class work we have about 150 girls, and we feel that through each girl we are reaching directly into the homes.

Early in the work we made an appeal for volunteers. Twenty-one women have responded and have been



assigned to various phases of the work, some to class work, others to house to house visiting as they preferred.

\* We now give aid to 142 families and we hope that by this neighborly method of penetrating into the very heart of the family life and by teaching these immigrants the domestic arts and sciences of American family life we may soon have a large group of thoroughly intelligent American citizens.

## Co-operation of Social Agencies

Prof. Herbert Mead,

Dept. of Philanthropy, University of Chicago. Address  
given at Chicago June 5, 1912.

The most important change that has taken place in our times is, to my mind, that the care of the community is becoming more and more a matter of personal conduct. It is an approach toward real democracy in which a people will govern a community by right and human living in the community and with their fellows.

The older conception is still with us; that of a governing body elected by the people, upon whom rests the responsibility of ordering the affairs of the community as a whole, making ordinances for its policing, its general health, its education of the children, its taxes, and its franchises. It has been a part of this conception that the reform of bad government meant only the election of better men to fill places that had been occupied by the ineffective and corrupt men. When such a reform movement had swept the rascals out of office and had replaced them with men more adequate to the task, it has been assumed that those who had cleaned the Augean stables could return to their individual interests with the consciousness of having done their duty by the state, and were free now to do their duties to themselves.

The experience of our own generation, however, has been conclusive that this method of periodical housecleaning has been horribly expensive and wasteful of the public funds, and still worse of the lives, the health and the morals of the people in our towns and cities. Only after corruption and extravagance and evil have reached an unendurable condition can the people be brought to the point of turning over a new leaf in the

government of the community. Periodical housecleaning has implied long periods of growing uncleanness of every sort, and men and women have come or are coming to learn that the public sentiment that is to supervise and control its government must supervise and control all the time.

A supervision and control that is to be undertaken and carried on all the time cannot take the form simply of electing governmental officers, not even if we all get the power of recall. A continual process of throwing out officials and replacing them by others who may have as short a tenure of office would be worse than the disease which it is supposed to correct. On the other hand the press of our communities has not proved itself either willing or able to express a continual public sentiment upon the method in which the community is being governed that could keep our governing bodies up to the mark of their high calling. Nor is this remarkable when we see that there must be an intelligent public sentiment to express before a newspaper can express it, and an intelligent public sentiment can be formed only by those who take continual interest in public matters.

The conclusion of the whole matter is that we must be continually interested, all of the time, in the affairs of common interest if a democratic government of our cities and towns is to be feasible. The man upon the street, the everyday citizen, cannot be intelligently interested in these common affairs without direction, and thus we find bodies of all sorts springing up which are dealing with the same matters with which the government of the community is supposed to deal, seeking and employing expert assistance and advice, investigating and reporting, stirring up their own members, and through them the community, upon the affairs of us all. While their efforts are at times directed toward the expulsion from office of the incompetents and the corrupt, while

they provide centers of political agitation in reform campaigns, their continual and more effective occupation is with the conditions themselves which we have assumed belonged to the keeping of the government.

Civil Service Associations keep tab upon the civil service commissions of the city and county; the Bar Associations watch over the courts and the practice of the law within them; Juvenile Protective Associations follow up the city's dealing with delinquent youth; Children's Home and Aid Societies give a like attention to the dependent children; City Clubs and committees upon every branch and department of city government are continually discussing, not only the actions of these branches and departments, but are considering the matters themselves with which these departments are or are supposed to be occupied.

Upon the Organized Charities of the community falls the weight of the systematic care of dependent and insecure families. With a vast budget gathered from the donations of private citizens it faces the poverty of the city and its misery, not wholly effectively, but with the consciousness that the misery of the city belongs not simply to the administration of the city's government but to the attention and care of all of its citizens. Tuberculosis institutes undertake to instruct and heal because the white plague is the affair of us all. The campaign for pure milk and the saving of the lives of thousands of babies can go forward only in so far as bodies of private citizens and the outspoken interest of mothers and fathers force measures through the common council. Immigrants' Protective Leagues must take up the cause of the strangers within our gates and protect them from exploitation on every side. Playground Associations force upon public attention the needs of crowded districts for room for children's play. Private individuals and corporations take up the question of housing, and prove the possibility of decent tenements

with low rents and sanitary conditions. Settlements, scattered through the slums and overcrowded parts of the community, bring to the consciousness of the whole community the conditions which our huge industries entail upon unskilled and socially untrained laborers. Visiting Nurse Associations bring home to the community the human extravagance of our unaudited death rate, the waste of baby life, the city crimes of typhoid, of tuberculosis, of children's contagious diseases—in a word, the human import of sickness as a criticism upon life. It must be the effort of private individuals and societies that shall rescue the actual and prospective mothers of the state from excessive hours of labor. It has been the hand of the private citizen and his organizations that has brought the government to drag the child out of the factory and rescue the years of his meager schooling. It requires the organized effort of such associations all over the country to bring our government to the point of resisting the pressure brought by interested manufacturers against a Child's Bureau that undertakes nothing but the spread of proper information through our states and cities.

It is the period of indirect government by private organizations, and private individuals. And what is of most importance in the activity of these organizations and individuals is that they are directed toward the doing of the things that governments are supposed to do rather than toward the mere ousting of one set of officials for another supposedly better set. It is in many ways an expensive and unsatisfactory method of getting these things done. We can look over to Europe and see governments there which do many of these things without this enormous expenditure of private effort and do many of them more effectively, more economically, than we are able to do them. We find further that the effort of our organization is eventually toward the transfer of its activities to a government department. Public

baths, small parks, are but two instances of these transfers which will be multiplied in the future. But even when the governments of our cities and our states and nation have risen to the measure of their duties it is evident that there must remain just such private interest in the community in our common affairs, just such attention to the care of those weak and incapacitated among us, if these new functions of government are to be properly administered. The American community is being educated in the functions of social control, in the meaning of social conditions, in the unnecessary waste of human life and welfare, in the meaning to the community of neglected children and untrained youth, in the sources of prostitution and crime, and we have the best reason to be thankful that this education is going on, for it will not be till the problems of government become the problems of the intelligence and morality of the people at large that they can be humanely solved.

In this process of bringing to our consciousness our duties to the whole, in this effort by numerous organizations to meet some of the pressing needs within our communities that are being overlooked to the detriment of all, in this social education that we are undergoing, there is one lack to which I wish to call attention: This is the lack of adequate co-operation between the different private individuals and private societies that are engaged in this field.

The lack is easily comprehended. The different organizations and different efforts have sprung up without common plan. They have arisen out of immediate particular needs that have given rise to particular organizations. And as a rule each organization has striven for its own ends, and has sought moral and material support, often in competition with other social enterprises, not because their ends were necessarily in competition with each other, but because the same sources

of contribution and of intelligent sympathy were appealed to by all.

It has been only natural that there should be considerable overlapping under these conditions, that we should find different institutions doing, if not the same things, at least work which could be done better somewhere else. We find that a group of organizations will be involved in investigating the conditions of the same families, that the investigators from four or five organizations will call consecutively upon the same people, hunting up perhaps the same facts, and unnecessarily irritating and offending these over-investigated individuals.

Investigations into home and personal conditions are most difficult to carry on to a successful issue. It is difficult to be sure of the facts. It may be that only a sympathetic human attitude is essential to elicit the facts. Only those who have a real human interest beyond the mere task of collecting the data are really in a position to get the information that will be reliable. It must be then most disastrous to the very purpose of investigation to have a series of questioners following upon each others heels, interviewing the same family. But we find that representatives of the Associated Charities, of the Tuberculosis Institute, of the Visiting Nurse Association, of the Juvenile Protective League, of organizations which are studying the home conditions of children who have left school to go to work, of another that is studying the conditions of girls who are working in department stores, approach the same families in their efforts to find out the same home conditions from as many different points of view. There should be some central bureau to which report would be sent of all investigations, not necessarily conveying the whole body of the investigation, but indicating the family studied and the location of this study. In such a central bureau then would be found the means of avoiding much of the reproduction

of social work and study that is bound to arise when separate organizations work within the same fields without organic relation to each other. But this, I think, would be but a small part of the value which might arise from a central bureau of social work.

In Chicago various organizations and agencies are gathering social data bearing upon poverty, congestion of population, housing conditions, conditions of health (especially in reference to tuberculosis), juvenile delinquency, dance halls, saloons, disorderly houses, nickle and dime theaters, retardation and elimination in public schools, truancy, the need for vocational training and for vocational guidance, the distribution of immigrants, unemployment, casual labor, and employment bureaus.

A very large part of this material should be interpreted by putting it side by side with other social material. For example, all of the material referred to above should be studied in relation to poverty maps of the city, such as those upon which the United Charities places, by spots, all the families which have received their aid.

The close relation of tuberculosis to congestion of population is recognized, and the dependence of retardation and its results in the school system upon the social conditions in different localities in the city has been evidenced in a recent study. The relation of juvenile delinquency to dance halls, saloons and other places of questionable recreation, to the lack of vocational guidance, vocational training and proper occupations for adolescent children has been clearly indicated. The relation of living conditions in immigrant districts to low wages, with the consequent boarding system, its destruction of the home, and the too early sending of children to work demands further study. It is possible to show intimate and necessary relations between all of the factors listed above in many striking ways, and it is evident to all of us that much of this interpretation of the material which has been gathered is lost because the



facts gathered by different agencies are not brought into juxtaposition with each other in the systematic fashion which their real interrelation demands.

A very effective, graphic method of accomplishing a part of this task is that of placing the data upon maps or where this is possible upon the same map. We then see, as has been stated, that the spots come to live in the same blocks or indeed in the same houses, so that a single map becomes inadequate to present the close interrelation which exists between the facts we are gathering through different agencies. Then maps placed side by side enable us to recognize the facts in their relation when we can compare the spots lying upon the same districts. Not infrequently such a comparison will elicit a new set of facts as valuable for understanding social conditions as those which have been already gathered.

But there are other aspects of the situation which must be considered beside the interpretation of these social problems. To deal with each family with which the social agencies come into contact we need to know all that we may of their position and the possible future of all the members of the family. The schooling, the occupations of the children, the employment and unemployment of the wage earners, their recreations, and their acquaintance with the means of healthful recreation, with the public libraries and their stations, with the parks and their opportunities, with the opportunities for instruction and entertainment in the school buildings. A close co-operation between members of different social organizations with each other's work must be of vast importance for the fullest success of each. The very fact that all of these facts when gathered together interlock with each other indicates that they are of mutual importance for dealing with the fortunes of the separate individuals and families that are the immediate interest of the social workers. There is no one of us that lives to himself, and no one of us who dies to himself, and

the more helpless the individual is who looks for assistance the more completely should the possible resources of the community be placed at his disposal.

From another point of view is co-operation between different social agencies of importance. The social worker himself or herself needs the contact with those who are working in the same field but in different ways. It is very easy for anyone, even in the most human sort of activity, to become professionalized. And competency in one's own calling is no protection against this narrowing of one's outlook and larger sympathies. No one person and no one agency is adequate to deal with the whole problem of the families and individuals who come within the range of the social worker, and the worker who shuts herself within her own specialty must lose the complete contact with the human situation that should be ameliorated.

A visiting nurse who fails to enter into co-operation with other social agencies is not only herself losing hold upon the situation, but she is cutting others off from the most valuable source of information. Even more than the physician the nurse can enter into the confidence of her patients. She can open the way for other assistance which she cannot herself bring.

The social situation with which we are all dealing is a single situation. It must be attacked from different sides but no one attack can be successfully carried on alone. There is no point at which petty jealousies and professional narrowness is more distressing than among those who are working through their own skill and special technique toward the understanding and the solution of the problems of a city's misery, suffering and crime.

The members of these different social agencies must understand and co-operate with each other if they are to succeed in their own fields, and if the community is to understand the social conditions that are to be changed.

## The 15th National Convention of the American Nurses' Association

Partial Report of the Proceedings of the Section on Visiting  
Nursing, held in Chicago June 5-7, 1912.

The first session was called to order at 10 A. M., June 5, Chairman Edna L. Foley, R. N., Supt. of Chicago Visiting Nurse Association.

Chairman: The meeting will please come to order.

I am extremely sorry to announce this morning that the first speaker on our Program has been detained—Prof. Herbert Mead of the Philanthropic Department of the University of Chicago. He will be here presently I trust, and in his absence I take a great deal of pleasure in introducing to the audience Mrs. Annie S. Hanson, a visiting nurse of Buffalo, who for the past year or more has been domestic educator of pioneer work for the Immigrants' League of Buffalo. Mrs. Hanson will speak about her work; the subject being "The Domestic Educators—A Pioneer Work." As we are all working with the immigrants and as we are all very much interested in their problems I am sure we deem it a great pleasure in having Mrs. Hanson with us today.

President and Ladies:

(Reading of report of "The Domestic Educators—A Pioneer Work," by Mrs. Hanson.)

Miss Foley: We will now devote a short time to answering the questions which may be asked Mrs. Hanson concerning her work:

Miss McClure of St. Louis: How much assistance do you give families in cleaning up, and where do you get it?

Mrs. Hanson: We do it ourselves.

Miss McClure: Such work as sewing and washing?

Mrs. Hanson: We have to start it ourselves.

Miss Denny, of Birmingham: Who supports these Domestic Educators?

Mrs. Hanson: Those in Buffalo are supported by the North American Civic League for Immigrants, although we remain members of the District Nursing Staff and get Miss Shaw's advice when we require it.

Miss Lent: Do you have any difficulty in dealing with the families who do not speak English?

Mrs. Hanson: Among the Polish people, when they do not speak English we have the services of Mrs. Kluczycka; she is not a nurse, merely an assistant, although she is in training for social service work.

Among the Italian families, Miss Roth teaches when the children are home, at noon or after school, if the mother does not speak English, thus reaching both mother and child.

Question: What arrangement is made for the supplying of money to buy food or material for the classes?

Mrs. Hanson: The Mothers' Club of Buffalo was the first to offer us the regular amount per month, and we have had a number of church subscriptions monthly. We have never found any difficulty in getting sufficient money to carry on the work in the classes, and in all our cases we pay the women for the gas or coal consumed.

Miss Glenn, of Chicago: I would like to ask if the Visiting Nurse Association does not find difficulty in getting nurses with sufficient domestic science training to do this sort of work, or do you give this training to the nurses?

Mrs. Hanson: The Civic League is always looking for workers, and advertises in the Survey, asking for workers. Each one of the district nurses we now have has had practical housekeeping experience; no special district training, but each has received this training in the past either in her own home, or with her sisters and brothers. It is difficult to secure nurses, however, with this housekeeping experience.

Of course, as soon as we started the work, we commenced going over our old hospital dietetics and read the special books on "Domestic Science," but what we need in these homes is practical workers.

In the first Polish home I entered, before I had any assistant, I criticised the woman because of the untidy condition of her home; and she said: "Well, what would you do about it? If it were your home, how would you start cleaning it?" I had discovered that the cheese, the hair brush and the comb were all in the cupboard together, so I put on an apron and started with her to clean up this cupboard. She was very much amazed because I made her scrub a shelf that was to have clean paper on it. So you see, each one of the Domestic Educators must have a practical housekeeping experience, in order to assist in the work in the different homes.

Miss Annie Sprague: In going to market a great many of these people try to put down the prices; and I would like to ask Mrs. Hanson if she has any difficulty with the women in getting

them to pay cash, as a great many of them run up bills, and never intend to pay for what they purchase.

Mrs. Hanson: The families we have been taking to the stores are those who have been in the habit of paying cash. Most of the Poles, however, run up grocery bills. We have been trying to teach them not to do it, and when Saturday comes around we teach them how to divide the income and not to run up these bills. Even when the men are paid by the week we try to teach the women to save so much for rent and not try to take all the rent money out of the last week of the month's salary. Then lay aside enough for coal; another proportion for clothing, and then that part which is to be used for food will enable them to pay cash at the groceries.

Then too, we tell them that by paying cash they get things much cheaper and much better than by running up a bill, and in this way keep out of debt. We have managed to get a number of these people to do this with the grocery bill and to pay cash. You have to prove it to them first, though. You have to go with them and show them.

Miss Ludwig, Cleveland: Is there any way of securing the names of the immigrants who come into the city and in that way prepare homes for them and help them to better their homes, and teach them from the start how to live right?

Mrs. Hanson: Those are the ones we always try to get hold of; the Buffalo branch of the Civic League of America is merely a branch of the New York League from Ellis Island, and we get a list every day of all the immigrants coming to Buffalo. In the office every morning is lying a list of those immigrants coming from Canada or Ellis Island; sometimes they are all men and in these cases they are turned over to our immigrant visitor, but when the wife accompanies the husband, the case is immediately handed to us. The name of every immigrant entering Buffalo is sent to us by the Canadian authorities or our friends at Ellis Island.

Miss Prentiss: What proportion of the man's income among these people is the family taught to keep for the rent and what proportion for food?

Mrs. Hanson: The proportion is higher for rent in those sections—about one-quarter, as the rents are high, but we have to take more than one-half sometimes for food. That leaves the other one-quarter for clothing and incidental expenses. However, that is just about the proportion we have to take in Buffalo: one-quarter for rent; one-half for food and the other one-quarter for expenses, etc.

Miss Black, of Richmond: How do the Domestic Educators deal with the man who has no intention of working or supporting his family?

Mrs. Hanson: We have the greatest difficulty in these cases with the wife; the Polish woman goes out to work as soon as her husband stops working; we have so much trouble in getting the women to stay at home. All we can do then is to talk to the man and make him ashamed of himself. If he persists in remaining idle we try to get the wife to get her temper up and have him arrested for non-support. But it is a natural thing for the Polish women to be willing to support their husbands.

We do not have so much trouble in this way with the Italians; the Italian man does not care to have his wife go out and he saves quite a little in the summer and then stays home all winter.

Miss Foley: I regret that there is not more time for this extremely interesting paper, but Mrs. Hanson will be in town until tomorrow night at least and if there are any more questions I am sure Mrs. Hanson will be glad to answer them.

Miss Foley: I now take a great deal of pleasure in introducing to you Prof. Herbert Mead, of the Department of Philanthropy of the University of Chicago.

Prof. Mead: (Reading his paper: "Co-operation of Social Agencies.")

Miss Foley: I regret that there is not more time at our disposal to discuss this great movement more thoroughly, but this morning we must report our Special Joint Committee appointed last year by the Superintendents' Society and the American Nurses' Association, and there will not be time for the discussion of this paper, and if Prof. Mead will excuse me, we will go on:

Miss Foley: The report of the Joint Committee appointed for the consideration and standardization of visiting nurses will be presented to you by Miss Gardner, Secretary of the Committee.

Miss Gardner: In January, 1912, a Joint Committee was appointed by the American Nurses' Association and the Society of Superintendents of Training Schools, the members of the committee being, Miss Delano, Miss Kerr and Miss Crandall from the American Nurses' Association and Miss Foley, Miss Beard and Miss Gardner from the Society of Superintendents of Training Schools.

It was recommended by the Superintendents' society that Miss Wald of the Henry Street Settlement be asked to serve as chairman. Miss Wald was accordingly made chairman.

Four meetings of the committee with one adjourned session have been held in New York. On February 8 and 9, and on May 11, 20 and 21. One meeting was also held in Chicago on June 2.

It was felt by the committee that there is great need of stand-

ardization of visiting nurse work, and that the time is ripe for the formation of a National Visiting Nurse Association.

To that end a letter was sent to 1092 organizations, employing visiting nurses in the United States asking them to send an accredited representative to a meeting to be held in Chicago June 5, at 9 A. M., at the Auditorium Hotel, that this subject might be more fully discussed and details of standards developed.

In sending out this letter every effort was made to reach all organizations of whatever kind employing visiting or public health nurses, but it was realized that so rapid is the growth of such work that any list is incomplete within a few weeks, as new societies and organizations are being started almost daily.

The following list gives the distribution of the letter:

Visiting Nurse Associations.....	205
City and State Boards of Health and Education.....	156
Private Clubs and Societies.....	108
Tuberculosis Leagues .....	107
Hospitals and Dispensaries .....	87
Business Concerns .....	38
Settlements and Day Nurseries .....	35
Churches .....	28
Charity Organizations .....	27
Other Organizations .....	19

Seventy-eight additional letters were sent to the different counties in which the Pennsylvania State Board of Health nurses are working, and 204 letters to the nurses independently employed by the Metropolitan Life Insurance Co., making a total of 1092.

In answer 80 replies have been received; 69 expressing more or less enthusiastic interest in the movement; seven had no nurse at present; three merely stated their inability to send a nurse. Only one, a small association employing one nurse, expressed the feeling that a National Association was unnecessary; 48 agreed to send delegates for the meeting to be held on June 5, in Chicago.

Two recommendations are made by the Committee:

First: That a National Visiting Nurse Association be formed which shall, as an organization, become a member of the American Nurses' Association.

Second: That certain standards be upheld and recommended to all organizations employing visiting nurses.

These standards are as follows:

(a.) That the nurse shall be 25 years of age.

(b.) That she shall be a graduate of a recognized general hospital of not less than 50 beds, giving a course of training of not less than two years with obstetrics.



(c.) That a nurse applying from a state where state registration permits shall be a graduate of a hospital acceptable to State Board of Registration.

(d.) That newly organized associations or organizations be urged to secure nurses properly trained for visiting nurse work.

(e.) That while it is obviously impossible to state a desirable minimum salary for visiting nurses, owing to the great difference in the cost of living in different parts of the country, all associations are urged to pay such salaries as will secure and retain nurses of the highest grade. It is also recommended that such salaries be increased according to length of service and executive ability.

(f.) That Visiting Nurse Associations be recommended to adopt a suitable form of dress for their nurses.

To the end that a certain amount of time might be saved, should the recommendation of the Committee be carried out, and a National Visiting Nurse Association formed, a tentative constitution has been prepared which is herewith presented.

The Committee, after much consideration, feels that, on the whole, the visiting nurse movement throughout the country would be more materially strengthened and advanced if the new association were composed of a federation of organizations, allowing also for individual membership, rather than that it should be an organization of individual members alone.

The matter of by-laws, and the relationship of such an organization to the American Nurses Association, has been left for further consideration should a National Visiting Nurse Association be formed.

Chairman: May I ask Miss Delano to open the discussion.

Miss Delano: I had not the slightest idea that I was to be asked to open this discussion, but I am very glad to say a few words and to express my sympathy with the object and the formation of a National Visiting Nurse Association.

I think it is a step in the right direction and I feel sure it is an organization with great possibilities before it. The great aim of our organization now seems to be towards social service, and if we keep abreast with this, and keep in touch with it we can do it best I believe through organization. Personally I have always been a firm believer in organization; I think we have not only the strength of the individual but an individual strength which is difficult to explain but which is much greater than the multiplied strength of the individuals alone.

I also feel that safety lies in organizing this Visiting Nurse Association in such a way that it may become a part of the American Nurses' Association. That is the great national organization



which represents the whole nursing force of the United States, and I wish to unite this new organization with it in such a way that you may become a part of the great national organization, because, if we undertake any great changes in the work through the country, it will be of great assistance to us to have the affairs of this organization back of us. It will not be a difficult matter, as it has the strength of the majority of the nurses, only I wish to express this as my personal opinion.

Miss Foley: We are now open for a discussion of this report.

Miss Crowell: I would like to see included in the requests of the nurses of the Visiting Nurse Association some suggestion regarding the possibility of their having had special training in social work of several cities. I think it would react on the training schools and would cause them to give a little more attention to what we believe in New York is a part of the nurses' equipment; so decidedly in fact that our Health Department has had to conduct the actual training of the 350 nurses employed by it because it felt that they were lacking in some respects. The nurses ought to be trained in social work and be able to take up municipal nursing and not have her training continue at the expense of the city.

Miss ———: There is just one question about the name Miss Gardner spoke of: I think in nearly all of the large cities "visiting nurse association" means one part of various organizations. Can't they still think of it as a family organization consisting of the visiting nurses associations of the different cities?

Miss Foley: What would you suggest?

Answer: It seems to me that "Public Health" might be a little misleading.

Miss Gardner: I think the question of name is more or less a local one; I think "visiting nurse" means one thing in one part of the country and something else in another, and we would have to meet the greater number.

Miss Lent, of Baltimore: I feel that we are all visiting nurses no matter what we are called. We want the people to get into the habit of thinking of us as "visiting nurses" and I believe it would complicate things very much if we were to take any other name.

Miss Patterson, of St. Paul: Is there not in the United States a League of Public Health which is very much opposed to all sorts of progress in the medical and nursing world?

Miss Foley: I do not think that is quite right; they are opposed only to medicine.

Mrs. Gretter, of Detroit: I just want to state that Miss Delano emphasized the fact that the organization should be kept a part of the American Nurses Association. I know how hard this committee has worked, but I would like to ask—is it not practicable to

arrange this organization as a section of the American Nurses' Association, a section for the development of specific work? The principles of the American Association are so broad that they include ours—include these principles that have been incorporated in this tentative constitution, so that that large organization really includes everything which is here except the special specific development of technique in a particular line of work.

Miss Foley: I am going to ask Miss Gardner to enlighten Mrs. Gretter as to the possibility of so naming this association that it may become and remain a member of the American Nurses.

Miss Gardner: As I understand the attitude of the Committee it was that a national organization would more quickly meet the needs of the country in this way than if we should become a section of the already existing American Nurses' Association, although I think all the Committee agrees with Miss Delano.

I believe two points would be lost by taking a section: in the first place we would not, in that way be able to take in our boards of managers, and it is very important that we do not leave them behind. We are doing a new and progressive work, we are organizing very fast, and if we leave our boards of managers, we won't be able to.

In the second place: I think money will be needed. I believe the best way to make this organization most successful will be to have a paid secretary; if so it will be hard to find the support of such a secretary through a sectional part of such an organization.

I think these are our feelings, but would like to have some other member express them.

Miss Crandall: We do agree, every one of us, with Miss Delano, that we must keep every relation with the American Association, but we believe we are going to do that in a very practical way by becoming, not affiliated, as an association, with the American Nurses, but an actual member of the American Nurses Association.

As Miss Gardner has mentioned in her report, 51 visiting nurses have been sent as representatives to this particular session for a special discussion of the organization of such a national association as we have just been discussing. There is not time this morning to go into the matter very fully, and so at Miss Delano's suggestion we will hold here this afternoon promptly at 2 P. M. an adjourned meeting for the delegates who are representatives of the associations sending them particularly as delegates to this session; not delegates to the A. N. A. but delegates to the Visiting

Nurses Association. Then we will adjourn for the regular opening meeting of the American Nurses Association and there present the results of our deliberations. Will all of those 51 delegates meet here today in order that we may miss as little as possible of the American Nurses Association meeting?

(Close of meeting.)

#### ADJOURNED MEETING

2:00 P. M., Wednesday, June 5.

Miss Foley: In order to expedite matters I am going to ask Miss Gardner, Secretary of the Joint Committee, to call the roll of the Associations with the delegates, who wrote her saying they would be present at this session, in order that we may get the vote of each delegate as to whether or not she and her association desire this national organization and just how that association stands in this matter; or any other remarks the delegates may choose to make. Are there any special instructions before I ask Miss Gardner to call this roll?

#### Roll Call

Miss Foley: We are now ready for discussion on the report of this morning, and the reports of the delegates, and also of the opinion of the associations which they represent:

I represent the Chicago association and I have just left our Vice-President, Mrs. Agnes Hall McCormick. She said that she hoped our plans for the organization would go through; that is, I am sure, the expression of every member of the Chicago board, and if we could hear some expression from representatives of some other boards it would be very encouraging.

We are here primarily to organize, and in organizing we want of course, to choose a name, and want it to be the right name; we want a name that is descriptive and one that is big enough to let in every one who is doing any work we are going to stand for. "Visiting Nurse Association" is not big enough to my mind to include all the people—all the nurses who are doing work for social betterment that is along public health lines.

There are a great many nurses doing public health work who do not do visiting work primarily; they do it incidentally. Then, too, would the title "Visiting Nurse Association" mean enough to the public mind? Would it give us large enough scope. It seems to me that "Public Health Nurses' Association," although it is more cumbersome and not so simple, is much more appropriate.

Miss Greener, Muskegon, Michigan: I would like to say that in our little city we are on the point of reorganizing our visiting nurses and it has been a difficult problem to do it because

of the fact that there is no foundation at the present time upon which we can base our ideas, and it seems to me it would be of advantage to all cities who are engaged in work of this kind if we could have some recognized standard, some body to whom we could refer such difficulties as may arise in the readjustment of our work. We are heartily in favor of it in our city, although we represent only a small population.

Miss Leet, Cleveland: May I suggest the "National Organization of Visiting Nurses?" it covers the entire meaning without the exact name being used in this way.

Miss Phelan, Chicago: I would suggest "The National Visiting Nurses' League."

Miss Patterson, Minneapolis: The name which Miss Leet gave I prefer. May I ask: If we become a national organization what would it mean to the organization?

Miss Foley: No by-laws, no dues, or payments of any sort have been worked out; it would depend largely upon the decision of the American Nurses' Association whether or not they would accept us as a step-daughter or sister-in-law, or member of their family, and what the work of this organization will be. If we have a paid executive secretary, who will go wherever she is wanted to handle the affairs of, or help organize, a new association, the expenses will come partly from the National Visiting Nurse Association; and the expenses of the league, for dues and fees, will have to be mapped out later; no plan has been made for it as yet.

Miss Patterson, Minneapolis: Minneapolis is very much in favor of having a national society.

Miss Crowell, New York: Is there any possible way of having included in the requirements of the visiting nurse that she must have social training or social experience?

Miss Gardner: We had that in mind when we said that new organizations should endeavor to secure nurses properly trained for this work, and I think eventually it will be considered that a certain amount of social training will be essential for visiting nursing work.

Miss Crowell: I think definite requirements for social training ought to be included, but I believe it would throw the responsibility back on the training schools, where they have no experience or knowledge of this sort, and where we in New York find it impossible to get nurses capable in this way.

Miss Foley: That difficulty is possibly due to the fact that the training schools are asked to give so much in time and attention to other important things, and I know at least a half dozen superintendents of training schools in Chicago now, who would like to give the nurses an instructive course, but the Hospital requirement

is such that they are not allowed to do so; it goes back of the training school; in my opinion it goes to the boards of hospitals.

Miss Gardner: I think the use of the word "League" has the advantage of being the name used for the National League for Nursing Education.

Mrs. Hickey, Seattle: In order to shorten the time I move that we accept the name which Miss Leet suggested.

Miss Denny, Birmingham: Let us leave the discussion of these different articles and merely organize and present our application to the American Nurse Association. May we not now accept the report of this committee and discuss these points later and really organize without a name?

Miss Crandell: I move that we accept the report and present our request to the American Nurses' Association for membership, on the basis of this report.

Miss Foley: It has been moved by Miss Denny and seconded by Miss Crandall that we accept the report of the Secretary of the Joint Committee on the Standardization of Visiting Nurses, and present the report for organization to the American Nurses' Association.

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Mrs. Gretter: I move that the report be referred to a joint committee to arrange such details as will enable it to conform to the requirements of the American Nurses' Association.

Miss Foley: Mrs. Gretter has moved that the report be referred to the joint committee to arrange with the American Nurses' Association for such changes in detail as may be required to enable it to conform to the standard of requirements of the American Nurses' Association; and Miss Delano makes an amendment to it that we recommend three additional members to that joint committee: Miss Leet, of Cleveland; Mrs. Gretter, of Detroit, and Miss Tuttle, of Colorado. This joint committee having been appointed by the American Nurses' Association we can do no more than recommend that additional members be elected.

Miss Greener: I second the motion.

Miss Foley: All those in favor of the motion as made by Mrs. Gretter, amended by Miss Delano and corrected by myself, say aye.

Motion made by Mrs. Gretter seconded and carried.

Miss Foley: Is there anything further to come before this meeting?

Miss Gardner: I know we are in a hurry, but I would like very much indeed to have some expression from the delegates as to the membership question.

Miss Greener: Our board would very much like to have a

representative in such an organization, as well as the nurses who are doing any active work in this field; we feel it would be the means of instruction to ourselves and we would be better able to grasp the questions which we ask.

Miss Read, of New Jersey: I know my committee is entirely in favor of being a member and they are so interested that one of the committee expects to give part of her time to training nurses. I know the Association would be very much disappointed if they were not a part of the National Association.

Miss Lent, of Baltimore: I would like to express what I feel about the board being interested for the first time in any of our nurses' organizations. I have for many years attended most of the meetings of the associated alumnae. They have never seemed to really appreciate or care what the nurses' associations were doing, but when a letter came from the committee asking an opinion from the board of the visiting nurses of Baltimore it aroused an interest that has never been shown by a body of laymen that I have known of for seventeen years. They are extremely anxious to become affiliated in any way that seems best to this organization to allow them.

They were interested and very glad that I should come here as a representative from the District Nursing Association, and I feel if we can let them know they are part of you (they will only have an opportunity of hearing of the extremely interesting and valuable discussions) we will be able to adopt these principles in our different cities and towns.

I think our committee has worked out the question of membership most wonderfully and I think we ought to accept it without a murmur.

(Applause)

Miss Denny: I think we ought to accept it with a great many thanks.

Miss Gardner: I might say we have received twenty letters from people who were unable to send delegates, saying they were unable to send a delegate for one reason or another, but they all wanted to become a part of this body.

Miss Kerr, of New York: I represent over 500 nurses of the Board of Health.

Miss Jacobus, of Worcester: Of the district nurse associations at least ten in Central Massachusetts received the letters and are very anxious to join in such an organization.

Mrs. Hickey: If we do not give the boards of these various associations a chance to hear our discussions we will not be able to do the very thing we are aiming at—to raise the standard of visiting nurses. There are so many of our nurses who have had

no social training; they are taken right out of the hospitals and do not know how to co-operate with the various social agencies and they make mistakes which have to be rectified later on; so, if we allow the members of the boards to be interested in this work they will at once inquire into the standards; that is what we are aiming at and if we allow them to speak their minds in that way we will get their opinion in the matter and they will have ours; and we will then have such an organization as we have never had before.

Miss Foley: The greatest help I have received in Chicago for the nursing cause has been from the boards of visiting nurse associations, but the boards do not know about the standards, nor how to raise them.

Miss Shatteau, of Milwaukee: I am not a nurse, but I should like to speak a word from the laity, to say that it will be a great help to be able to have representation in such an organization, and to benefit by that in securing nurses.

Miss Beard, of Boston: I think it might be interesting to know what the President of our Association in Boston thinks. She was going all the way from Boston just to hear the conference in Cleveland. When I tried to persuade her to come here she said, "I cannot listen to any discussion there." Whether right or wrong I believe the fact that she has such a strong impression that she would not be welcome in our nursing association makes this particular thing which we are trying to do, very important.

Miss Wilkinson, of Hartford: I represent the visiting nurses of Hartford, and am glad of the opportunity to hear the discussion on this work. Our board of managers last year subscribed for the Cleveland Visiting Nurse Quarterly and it has been a revelation to them. They desire to get in touch with nursing methods and have a voice in this association, and I believe it has been proven that we need the help of our board of managers in raising the standard of nurses all over the country.

Miss Foley: Any further discussion?

The meeting is adjourned.

Meeting held Friday, June 7, at 8:30 A. M., at Auditorium Hotel.

Chairman, Edna L. Foley.

Chairman: Meeting called to order.

I will first ask Miss Crandall to read the report of the A. N. A. Council, last night, as to the final request of acceptance into the American Nurses' Association as a member of that organization, which request was accepted.

. . . . .



Chairman: You have all heard the report of the committee of the meeting with the council last night, and as I am assured it was accepted, will not ask for your approval. The motion to organize the association is now in order.

Mrs. Hickey: I move that we organize as the "National Association of Visiting Nurses."

Miss G——: I second the motion.

Chairman: The motion has been made and seconded that we organize as the "National Association of Visiting Nurses."

Miss Crandall: I hope you will grant me some indulgence as I have kept my peace up to this time as a member of our committee. I agree with you if you decide to have the name "Visiting Nurse," but I think something should be said on the side of Public Health Nursing. We want—and this is the time for it—a most general discussion; it is not a thing we cannot change, but a thing which if we would prefer it changed, can be changed. We grant that "visiting nurse" is a broader term than any other; that "visiting nurse" includes all the various other aspects of our work, and in some localities I have found that when we say "public health nursing" the visiting nurse thinks that does not include her. Now, if we ourselves are not clear as to this in our minds how can we expect our laymen to be; and I think the layman has been educated to think of district nurses as the same as visiting nurses.

We hear of the National Congress of Hygiene which deals with public health, and we understand they expect nursing to be carried right along into the heart of that big health movement in general.

We hear of the National League of Public Health; or something of that sort. Now it would take a comparatively short time if, say, ten thousand letters were circulated to all those organizations interested in nursing work before they would know just what those people who are doing the work are interested in, and I believe the public would very quickly understand that public health nursing includes all the bedside work which we have always done. And it will also be the foundation rock in nursing and medicine.

We have discussed and considered this most carefully at Teachers' College because the diplomas to be issued there had to have a permanent title. It seems therefore, quite necessary to use the term: "public health."

Mrs. Hickey: May I make a suggestion? Would it not be a good idea to have a standing vote. It seems we are equally divided as to the number who wish the title "public health nurse" or "visiting nurse." We can then leave it to the majority vote; and I am willing to amend my motion according to the majority rule.

Miss Denny: I am exceedingly glad to hear this splendid talk by Miss Crandall, and it certainly voices my sentiment. Personally



I feel that when they say "visiting nurse" they mean a nurse who nurses the actually sick, and when we say "public health" it means all those other classes of nurses and it will be merging this association into the already existing American Nurses' Association. Otherwise, we create a new name for ourselves and we create a new organization; so I am heartily in favor of Miss Crandall's suggestion.

Chairman: We have heard from the east, west and south; may we now hear from the north?

Miss Patterson: Speaking for our organization alone, I know it was brought up to them in a broader sense. We realize the importance of visiting nurses working together and we do wish to take a name that is big enough to stand for all the work we are to do; and I am sure our organization would be in favor of it if they understand it clearly.

Miss Gardner: The last speaker has said that her association would prefer that name in their part of the country; I think that is exactly what we mean to have; on the other hand you all here would like to have the majority vote for your part of the country; I believe visiting nursing should include all forms of nursing, and although I am willing to be corrected I think it would be interesting to hear further comment; the thing we want is the same thing for all.

Miss Beard: Is not the point, "What is it going to stand for? Which name is it going to mean?"

Personally in my own part of the country I think "Visiting Nurse Association" means just what we all mean—public health—but does it really stand for that and is it going to mean that?

Chairman: May we hear from Miss Kimball, of Wisconsin?

Miss Kimball, of Wisconsin: I think that "public health nursing" in our city would cover it. I am the only school nurse, tuberculosis nurse and visiting nurse there. We are just starting a public health committee and we are trying to make it a public health association, and I believe that that name would be satisfactory.

Chairman: May we hear from Miss Wilkinson of Hartford?

Miss Wilkinson, of Hartford: The term "visiting nurse" covers it in most of the societies in Connecticut, because we do the visiting nurse work, the board of health work and the tuberculosis work, but I find the term is not clearly understood in all parts of the country, especially in New York.

Chairman: May we hear from Miss Lent, of Baltimore?

Miss Lent: "Visiting nurse" seems to cover the entire thing; all of the public health nurses are called "visiting nurses."

Miss Isaacson, of Richmond: I think up to this time in Rich-

mond, and in Virginia as well, "visiting nurses" would hold; but we have shown the Board of Education just what the nurses would mean in the schools and consequently they became interested and took over that part of the work themselves—and now that has grown so large, and our work has grown so large that it seems the wisest thing for the Board of Health to take over the tuberculosis work, in connection with infant mortality; so you see we have three distinct organizations, and therefore possibly "public health" would cover it better with us than "visiting nurse."

Chairman: Will Miss Kohlsaet, of Milwaukee speak?

(Not present.)

Chairman: Miss Craine, of Davenport?

(Not present.)

Chairman: A discussion from the floor then?

Miss Crowell, of New York: I would like to endorse what Miss Crandall has said. We are setting a standard we have got to live up to and just as the physician is supported in his work, just so I think the nurse must be and therefore I endorse Miss Crandall's suggestion.

Miss Greener, of Michigan: I think that in considering a name for the association, as it is to be a National Association and one that covers every line of public health nursing, we should not consider what is going to be the most suitable for our own particular section of the country, but the best name for all.

Personally I think in my own city the name "Visiting Nurse Association" would probably meet with greater favor, until they had considered the point more thoroughly than they have now; but I feel that if the question was presented to them in the manner it has been here this morning, they would consider best the name that would make every nurse doing any form of public health nursing feel that she was included in the title.

Miss Crowell, of New York: In our social service work we feel the term "Public Health" is much broader, and will take in all different lines and branches of nursing work. We are not criticising the term "Visiting Nurse," but we feel "Public Health" is meant to include all branches of work; and I wish also to say here that in 1911 there were over sixty-two hospitals and dispensaries in the country that were employing social service workers who were nurses.

Miss Blackington: "Visiting nurse" covers very well the work done by this Association in the large organizations, but I think in the smaller towns, where in years to come every bit of work will be covered by the visiting nurse who is supposed to take care of the sick, and do all social service work besides district work,

the term "public health" nurse would give the nurse a better showing, because her work would include all sorts of nursing.

Mrs. Gretter, of Detroit: As the membership of this organization has been provided for on such a broad basis it would seem as if the name ought to include that. I think the point made by this last speaker is very good and while there is a good deal of sentiment in all of us as to the name "visiting nurse" (we all like the title of it) still the other in my opinion is broader and will include in a better way the different classes of work represented by the nurses. Therefore I approve the name "public health."

Miss Foley, Chairman: As Mrs. Gretter says, many of us have a great deal of sentiment in regard to the old name but it is not as appropriate as "public health nurse." The name has been suggested which would mean National League of Public Health Nurses, but when we had the motion before the house it seemed as if the general trend of opinion was for a larger name.

Mrs. Hickey: There is just one thing I would like to say about the name "National League" as far as the west and northwest are concerned: The name "National League" has fallen into disfavor with physicians and surgeons because we are having a terrific fight with a National League, and they are being upheld by the other organizations. Money is pouring in from every quarter and the minute you say "National League" everybody thinks of this league.

Personally speaking for the nurses and medical profession throughout the country of the West and Northwest, I feel I must oppose the term "National League," but think as most of you do, that "public health" is a broader term, and I am perfectly willing to amend my motion and make it that we organize as the "National Association of Public Health Nurses."

Chairman: You have heard Mrs. Hickey's motion; is it seconded?

Motion has been made and seconded that we organize as the "National Association of Public Health Nurses."

I do not really mean to thrust that name upon you; the National Association of Visiting Nurses, Public Health Nurses, and the National League of Public Health Nurses, have all been suggested and I do not really mean to prefer that.

Miss Crandall: At the meeting of the Superintendents' Society the other day the question was raised as to whether one association could be a member of another association; and may I ask Miss Delano if that term was used because they chose it? I am not clear about this.

Miss Delano: I heard no objection to the use of the term "Association" in the meeting of the society. I did hear objection

to the use of the term "league;" whether that would not be confusing with the Leagues of Superintendents and Nursing.

Chairman: Are there any further discussions?

Miss Crandall: If there is any question about the word "nurse" or "nursing;" I believe it would sound better to say "nursing."

Chairman: Thus reading: "National Association for Public Health Nursing?"

Miss Hickey: Why not leave that to Miss Crandall as to which would be the better wording; I think we should have our association along lines affiliated with our great standard of Teachers' College.

Miss Crandall: I appreciate very much, ladies, Miss Hickey's referring the matter to the college; it does not seem to me so vitally important whether we say "National Association of Public Health Nurses" or "National Association for Public Health Nursing," but I do think "nursing" is a little stronger, as we are an association of nurses and their boards.

Miss Denny: We have the "American Red Cross Association" and the "American Nurses' Association," and as these other associations are national, why could we not have the title: "American Public Health Association?" This is merely a suggestion.

Miss Crandall: If I may answer that: It was suggested and discussed by Miss Wald, whom you know has membership in many national organizations, and the advantage of the use of the word "National" was that we would then conform to the political and other organizations of the country. As we have municipal, county and national, so we hope to work down instead of up, and still we can corall our members for anything we want to do for registration or any other adaptive measures.

Miss Delano: That would be a new term, different from our own—National Organization for Public Health.

Chairman: We are not permitted to amend an amendment to an amendment because we cannot "patch a patch on a patch," but if those assembled would rather have "organization" I will amend the amendment and make it "National Organization for Public Health Nursing."

I think the word "for" means more than "of," because "for" would include all of our boards as well as ourselves, while "of" would be more or less personal.

Miss Hickey: I make the motion that we organize here, and now, as the "National Organization for Public Health Nursing."

Miss Combs: I second the motion.

Chairman: It has been moved by Miss Hickey and seconded by Miss Combs that we organize here and now as the "National Organization for Public Health Nursing."

Miss Damer: What kind of a nurse is a "health nurse?" We are all "sick" nurses, are we not?

Miss Johnson: Does not the term "nurses" now mean that we are guardians of public health?

Chairman: It seems to me that this vote is such an extremely important one it should be taken by a rising vote. The motion that has been made and seconded is, that we organize here and now into the "National Organization for Public Health Nursing." All in favor of this motion, kindly rise.

Chairman: Thank you. It is a vote and as far as I can see, is unanimous.

We therefore organize into the "National Organization for Public Health Nursing."

(A discussion of the proposed constitution, article by article, also election of officers and Board of Directors, here followed.)

Chairman: We have now to come before this meeting the report from a very important committee; the report of the Committee on the Visiting Nurse Seal, by Miss Johnson, of Cleveland Visiting Nurse Association.

Miss Johnson reading:

"The Visiting Nurse Association of Cleveland, through the generosity of two of its trustees, Mrs. E. S. Burke, Jr., and Mrs. Robert L. Ireland, is able to offer as a gift to the National Association a seal designed by the sculptor, Herman Matzen, of Cleveland, and which portrays the following idea:

The tree of life represented by a young tree in the hand of a kneeling woman and bearing this legend: "And when the desire cometh it shall be a tree of life," indicatess that the great work to which visiting nurses are dedicated is the implanting in the hearts and minds of the sick poor the desire for better, cleaner, higher living that will enable them to work toward their own rescue from the unfortunate conditions which hold them back from happier things.

The adoption of this seal as a national emblem and as an insignia to denote a standard of Visiting Nursing was one of Mrs. Robb's dearest wishes. It has, until now, been impossible to make this a gift to the Visiting Nurse Associations of the country because \$250 of the \$500 which the design cost had not been given. This gift, the Cleveland Association has now received and we cannot help feeling glad that we now have an opportunity of offering the seal to one national association, rather than to many associations doing visiting nurse work. Great work calls for a great standard and the standard calls for the protection of a national organization.

As delegate of the Cleveland Visiting Nurse Association, I am glad to present to you this seal together with the papers which protect its use by copyright and which assures to the national organization and to the three visiting nurse associations already using it, the exclusive use of the seal.

Respectfully submitted,

MATILDA L. JOHNSON.

Chairman: You have heard the report of the Committee on the Seal. What is your wish in the matter?

Miss Lent: May I say a word in accepting this beautiful emblem? I do not believe we realize what it all means. I feel that with Mrs. Robb's conception of it all and what it was going to mean to the National Association that she had the wish we should organize. I have heard her talk about it many years ago. I think it is more than a seal; it is really an incentive to work, and when we realize it comes from the Cleveland association, I am going to call that association just what I have always felt it to be—the ideal organization of visiting nurses. I think throughout the country we can point to Cleveland as the perfect model of co-operation and close work with all of the organizations that stand for bettering the conditions of the people. I have felt, when any organization was started in any part of the country, that Cleveland was the place to point to for perfect organization, and always during my years of experience I have said: "Go to Cleveland; see what they are doing there. They have perfect co-operation; they all work together; they are not separate organizations dotted over the cities and states trying to do the same thing and collecting funds for things that should go into one big body.

It is with the greatest pleasure that I take this opportunity of expressing before Miss Johnson, who has struggled for so many years in this field, the feeling we have all had, I know, for her work in Cleveland.

Chairman: It would seem that no other motion was necessary.

Would it better please the members that we make a formal motion?

Miss Gardner: I would like to make a motion that Miss Lent's remarks be sent to the Cleveland association.

Mrs. Hickey: I second the motion.

Chairman: The first motion is that the report be accepted, and it has also been moved by Miss Gardner that Miss Lent's remarks be sent to the Cleveland association, as a token of our appreciation of the very beautiful gift to our newly born infant.

All those in favor of this last motion kindly signify in the usual manner.

The motion has been made, seconded and carried that Miss Lent's remarks be sent to the Cleveland association.

Chairman: We have a second report, the report of Miss Crandell, in regard to the Visiting Nurse Quarterly.

Miss Crandell: Reading letter from Visiting Nurse Association, of Cleveland.

"With the establishing of a National Association of Visiting Nurses to guard their high standard, to study their problems and to help solve the same, it has been thought by many that the publication of some regular organ of communication would be advisable.

"The maintenance of a magazine already established is more readily assured than that of a new one yet untried. For this reason, the Visiting Nurse Association of Cleveland desires to offer the National Association for its publication, the magazine known as the Visiting Nurse Quarterly, together with its list of nearly 1,000 subscribers to the same, its contracts for advertisements and any money remaining to the Quarterly at the time of transfer.

"The Quarterly is now in its fourth year and is more or less well known in all parts of the United States, where visiting nurse work is being carried on and it is hoped that the National Association will see its way to accept the offer of the Cleveland Association and be able to make of the Quarterly a magazine of real influence in the country.

"ANNIE M. BRAINARD,

"Managing Editor, Visiting Nurse Quarterly.

"612 St. Clair Ave., N. E., Cleveland, O."

Miss Lent: I move that we accept the report of the Quarterly, and put it in the hands of the Executive Committee, to decide the ways and means by which it can be carried on by the Association.

Chairman: Miss Lent's motion, seconded by Miss Read, was that we accept the Cleveland Association's gift of the Quarterly and put it into the hands of the committee to decide on ways and means for taking it over and carrying it on.

Miss Gardner: I question, as an amendment, whether or not the time is now ripe to accept it. It may be better to move a little slowly and have it considered by the committee, before we at once take it over.

Miss Lent: That is better.

Chairman: You have heard Miss Gardner's amendment to Miss Lent's motion; has it been seconded.

Chairman: All those in favor of Miss Gardner's amendment in this last motion, kindly signify in the usual manner.

Miss Gardner: Does Miss Lent mean the Executive Committee



or the Board of Directors. One has five members and the other fifteen; you mean the Executive Committee of five?

Chairman: It seems to me the Board should have some voice with the Executive Committee.

Miss Gardner: I think we will have to admit that the Executive Committee has a great deal of power, as it is so very hard to get together in any other way. I think we shall have to give them a good deal of power, and I still make the motion that the Executive Committee take this in charge.

Chairman: Miss Lent's motion, as made and accepted, is that the Quarterly be accepted, and the time and manner of its acceptance be left, with power to act, to the Executive Committee.

All in favor of this motion kindly signify in the usual manner.

The motion has been made, seconded and carried that the Quarterly be accepted and the time and manner of its acceptance be left, with power to act, to the Executive Committee.

Chairman: Before the motion to adjourn is in order, I would like to say that Miss Wald will, I am sure, as soon as possible, appoint an Executive Committee, that committee to carry on the work of this organization during the year. The easiest way to make this organization a most successful one in the United States is for every individual member of this organization to do what she is asked to do; if she is asked to serve on any committee she should be willing to do so and not say she is too busy; this is important and we can only make this a co-operative body by doing what is asked of us. I know we will have to have a great many committees and there will be hard work; but we hope to make our meetings next year banner meetings and we cannot do so unless you accept the appointments that come to you, without fail. Please make up your minds to do this and then you will know what your duties are at all times.

Miss Crowell: Let us give a rising vote of thanks to our Chairman for this motion and what she has done in the past in carrying out her part of it.

The motion was seconded and carried.

Miss Crandell: Several questions have been asked me as to when and where the charter members will sign. I will remain here and any who wish to enroll may do so immediately after this meeting. The treasurer will remain with me, I am sure.

And one more word; besides willing service, we must have money, and as we have liberal dues we must make this a real live organization—to do organizing; we must go to people besides our own nurses and I beg each one of you to feel obliged to



see what you can do. The medical profession do not hesitate to ask for thousands and millions of dollars. Now that we have organized it is our duty to look to the extension of our work, and therefore we must help to extend and further this cause.

Chairman: The meeting is adjourned.

## Constitution

ARTICLE I. NAME. The National Organization for Public Health Nursing.

ARTICLE II. OBJECT. To stimulate the general public and the visiting nurse associations to the extension and support of public health nursing service, to facilitate harmonious co-operation among the workers and supporters, and to develop a standard of ethics and technique. Also to act as a clearing house for information for those interested in such work.

ARTICLE III. The organization shall hold an annual meeting at the place and at the time appointed for the meetings of the American Nurses Association. Special meetings of the entire body may be called by a majority vote of the Board of Directors.

ARTICLE IV. MEMBERSHIP. There shall be three types of membership—namely, corporate members, individual members and associate members.

CORPORATE MEMBERS. Any organization engaged in public health nursing, whether a private society, a church, a business enterprise, a city or state board or committee, or any governmental body shall be eligible for corporate membership, provided that they conform to the minimum requirements for membership as established from time to time by this association; and shall be entitled to one vote cast by a delegate in attendance who shall be a nurse and a member of the American Nurses Association.

INDIVIDUAL MEMBERSHIP. Any nurse, a member of the American Nurse Association, engaged in active public health work shall be eligible for individual membership, which shall entitle her to the full power of speech and discussion at the meetings, and to the receipt of any literature which may be disseminated. She shall also have the power to vote.

ASSOCIATE MEMBERSHIP. Any individual not a nurse, or any nurse not actively engaged in public health nursing, or any nurse not eligible for individual membership, shall be eligible for associate membership, which shall entitle them to the full privilege of speech and discussion at the meetings and to the receipt of any literature which may be disseminated. They shall, however, have no vote.

ARTICLE V. BOARD OF DIRECTORS. The Association shall at its first meeting elect a board of fifteen directors, who shall be individual members, divided into groups of five to serve one, two and three years. At each annual meeting of the Association, five new members shall be elected. The planning of work, the arrangement of meetings and conferences, and all other matters pertaining to registration and election shall be in the hands of the Board of Directors.

ARTICLE VI. The Association shall annually elect a President, a Vice-President and Secretary, who shall be individual members, and who shall be ex-officio members of the Board of Directors. A Treasurer shall at the same time be elected. Five directors shall constitute a quorum of the Board of Directors.

ARTICLE VII. EXECUTIVE COMMITTEE. The Board of Directors shall elect from among their own number the Executive Committee which shall consist of five directors with one member to act as Chairman.

ARTICLE VIII. AMENDMENT. The constitution may be amended by a two-thirds vote of the Board of Directors, such action being subsequently ratified by a two-thirds vote of the delegates present at either a regular or a special meeting of the organization.

## The National Organization for Public Health Nursing

### OFFICERS.

*President*, MISS LILLIAN D. WALD, R. N., Head Resident, Henry Street Nurses' Settlement, New York.

*Vice-President*, MISS EDNA L. FOLEY, R. N., Supt. Visiting Nurse Association, Chicago, Ill.

*Secretary*, MISS ELLA PHILLIPS CRANDALL, R. N., Instructor Department of Nursing and Health, Teachers' College, Columbia University, New York.

*Treasurer*, (temporary), MISS MARY E. LENT, Supt. Instructive District Nursing Association, Baltimore, Md.

### DIRECTORS.

MISS MARY BEARD, Supt. Instructive District Nursing Association, Boston, Mass.

MISS JANE A. DELANO, Chairman National Committee, Red Cross Nursing Service, Washington, D. C.

MISS MARY M. FLETCHER, Secretary State Board of Registration, Virginia, Charlottesville, Va.

MISS MARY S. GARDNER, Supt. Visiting Nurse Association, Providence, R. I.

MISS FLORA M. GLENN, R. N., Supt. of Nurses, Municipal Tuberculosis Sanatorium, Dispensary Department, Chicago, Ill.

MRS. ANNIE L. HANSON, Domestic Educator, Immigrants' League, Buffalo, N. Y.

MISS SARAH B. HELBERT, School Instructor and Nurse, Anti-Tuberculosis League, Cincinnati, Ohio.

MRS. EDITH M. HICKEY, School Nurse, Seattle, Wash.

- MISS LYDIA A. HOLMAN, Supt. Holman Association, Alta Pass, North Carolina.
- MISS MATILDA L. JOHNSON, R. N., Supt. Visiting Nurse Association, Cleveland, Ohio.
- MISS ANNA W. KERR, R. N., Supt. School Nurses, Dept. of Health, New York City.
- MISS ELLEN N. LAMOTTE, Supt. Tuberculosis Nurses, Baltimore, Md.
- MISS HARRIET L. LEET, Supt. of Nurses, Babies' Dispensary and Hospital, Cleveland, Ohio.
- MISS MINNIE P. PATTERSON, Supt. Visiting Nurses, Minneapolis, Minn.
- MISS JULIA C. STIMSON, Head Worker, Social Service Dept., Washington University Hospital, St. Louis, Mo.

## The 39th National Conference of Charities and Correction.

Excerpts from the reports of the Sub-Committees of the Committee on the Relationship of Medical and Social Work.

Report of the Sub-Committee on Hospital Social Service.

By ELIZABETH V. H. RICHARD, Chairman.

To understand the hospital social service movement, it will be necessary to follow certain forces which have been responsible for its development. Roughly defined, these forces are three-fold:

First, the industrial changes which have crowded the masses into the cities. Neighborhood life has gone and with it the family physician and his intimate knowledge of the family's life. Dispensaries and hospitals have multiplied in number and grown in size, until health and disease, once so personal and individual, are being met wholesale.

Second, the change in the character of medical treatment.

Third, the growing sense of the social causes of disease.

To meet the ineffectiveness of this wholesale treatment of dispensary and hospital, came the first organized expression of social service. In 1905 Dr. Richard C. Cabot, of Boston, placed "a nurse with some settlement experience" in the Out-Patient Department of the Massachusetts General Hospital.

That social worker was an answer to a demand for more efficient medical treatment. She was to restore to the physicians that intimate acquaintance with their patients' lives, which, as family physicians they had found necessary, but had lost in the impersonal routine of institutional practice; and she was to make possible the complex diagnosis and treatment that comes with replacement of drugs by hygiene and sanitation and with realization of social bases of health.

During the seven years since the establishment of a social worker at the Massachusetts General hospital, about sixty hospitals and dispensaries in eleven cities have organized in various forms, to meet the growing demand for social service departments. So contagious has been the consciousness of the need for social service

that this demand has come from within the hospital, and from without, from doctors, from boards of managers, from philanthropic individuals and charitable agencies. One doctor has been known to refuse a universally coveted dispensary appointment saying: "You have no social workers and I would never attempt to work again without one."

. . . . .

These workers may be found in a central department to which the physicians refer their cases, or they may be granted the privilege of themselves choosing from the admitting desk or books, the patients whose condition suggest the need of their help. And they may also be distributed in the clinics as part of equipment, and as one physician expressed it, "so much a part of my clinic, that patients feel no line between medical and social treatment."

Certain opportunities are taking shape as natural outgrowths of the daily experience of social workers in hospitals. It is in these larger implications of the movement that its future should be conceived.

An opportunity for helping a whole group may come from carefully watching accumulated individual cases. One hundred and fifteen children had come to a children's hospital for treatment; thence to a social worker for home supervision of extensions and braces. As child after child came, the social worker realized that she was touching a big educational problem. Now the school system of one of our large cities is being considered afresh, as the result of that one hospital social worker's startling presentation of the number of crippled children without suitable school provision.

. . . . .

Medical social workers have an opportunity to pass on to the community something of the solid spirit and inspiration of medical science. A lifetime of service in medicine is rewarded if it yields at the end one step in the understanding and cure of disease. Nothing is accepted as fact that has not been proved in thousands of cases. Surely this struggle for truth, which gladly counts a lifetime as a second, has a message for the social workers who are impatient for their more universal acceptance by the medical profession. We must be willing to prove our usefulness again and again.

. . . . .

Social work is proving itself in hospitals an opportunity for economy. The first conception of social service was naturally in relation to "acute" cases socially, whose very helplessness spoke for itself. These "acute" cases require long care and are therefore expensive. In taking them up, the social departments in large hospitals

have dealt with only about 5 per cent. of the hospital's total patients; but a review of the yearly cost of this limited service has seemed to spell prohibition to anything like complete extension of the social department. Further knowledge of the situation, however, brings out certain very encouraging facts. First that these "acute" cases are in reality only a small and manageable fraction of the total hospital patients, and also that the hospital, even in dollars and cents, cannot afford to neglect them. A carefully analyzed example of the dangers attendant on failure to follow up treatment, is that of a family treated both in the ward and "out-patient" of a large hospital. Every member of the family, eleven in number, had been given treatments and medicine amounting to a cost of \$255.27. At the end of three years they were referred to the social service department. A thorough investigation showed that nothing had been accomplished medically. Then in a week's time it was proved that the oversight and instruction of a social worker was all that had been needed to cure the infection, which had spread from ignorance through the entire family.

Social workers placed in the clinics, have demonstrated their opportunity to improve the clinic's medical efficiency. In addition to caring for the "acute" cases, the social worker, as an integral part of the clinic, renders assistance in its routine. With the opportunity to see every patient, she often learns facts pertinent to diagnosis and treatment. By systematically keeping track of the days when patients should return, and when they fail to do so, by encouraging them to return by some personal notification she lessens the waste disclosed by a recent investigation of two days new patients coming to the Boston Dispensary. Such an investigation was made to ascertain, among other facts, "how many patients, who were suffering from diseases, the cure of which require consecutive treatment, failed to return." At a very conservative estimate, the investigation places the number at 33 per cent. When one stops to consider that this number includes syphilis, gonorrhea and tuberculosis, one realizes that social workers who can help to organize a clinic so that this number is reduced to a minimum, are rendering service of enormous value both medically and socially.

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The movement is still in its infancy and those who are guiding its growth may well feel the seriousness of their position. They can take no safer ground than that of being ready to allow social service to find its place unhampered by any previous conception about it. Each year is demonstrating that Social Service in its relation to the hospital management, to other charities in the community, even to the doctors and patients, will pass through many changes before it reaches its greatest usefulness. Each year is

teaching Hospital Social Workers the truth of Emerson's saying:  
"In proportion to our relatedness are we strong."

### Report of the Sub-Committee on Visiting Nursing

Visiting nursing has been slow to take root in America. In the last ten years, however, it has made rapid strides, first through the interest of graduate nurses themselves and later through co-operation enlisted by nurses of men and women seeking new forms of philanthropic usefulness.

During these ten years visiting nurses, while acting as agents of medical relief, have been constantly urging the application of social ideals to medical work and consciously ranging themselves in the group of social workers, without having had any training for social work other than that gained by a willing mind in the school of experience. By so doing they have challenged the criticism of better trained social workers, and in case work and in the attack upon the problems of health in special fields such as tuberculosis, suffered from their lack of even the rudimentary training given by charity organization societies and schools of philanthropy.

A divergence between the standards held by nurses and non-medical agents as a result of their respective training, is always apparent. Investigation, except of the physical history of the patient and his family, is undervalued by the nurse, nor does she weigh the ultimate effect of her plan and her work as the trained social worker does, nor see it in relation to the wide world of social forces. Prompt relief for immediate need is the instructive result of her hospital years and may be harmfully shortsighted. On the other hand, sights, sounds and smells in the patient's environment have for the nurse a social significance which the non-medical social worker ignores. The food standard the nurse urges is almost always higher and more specifically adapted to the individual than the Associated Charities agent has learned. If the health of the poor man is his capital, the food standard which recreates health instead of that which maintains existence is the only one intelligence can endorse and the nurse who seems extravagant is nearer to being socially right than her more cautious and economical co-worker.

But what is of far more importance is that the nurse commonly excels in a sympathetic approach to individuals. By years of patient, personal service of folks, their bodies and dispositions, in



weakness and trouble, under stress of unusual emotional disturbance, she has learned to understand and deal with human beings. No other professional training includes a comparable discipline. It is frequently pointed out that the greatest lack in the schools of philanthropy is a sufficient body of experience in field work, to supply this very element in which the nurses' training is rooted and grounded and cultivated. For this reason it is no longer debatable with some of us that the medico-social agent par excellence is the nurse, who has had thorough training for social work in addition to her hospital training. If the latter may be grafted upon college work (and the possibility grows), the plant can hardly be improved.

The first fruits of social training centers for nurses are already a distinct contribution toward strengthening the medico-social work which exists. As they multiply, they will demonstrate as nothing else can, the necessity of the mutual reliance of medical and social work upon each other. Therefore as we look to the socialization of the medical profession as the solution of part of our problems we look to the social education of nurses as of equal importance.

### Report of Sub-Committee on Medical and Social Aspects of Infant Mortality

The knowledge that infant mortality is high has existed practically since the dark ages. The realization that it is excessive and largely preventable is of recent date.

The social side of the problem attracted attention in the 18th century, but it was chiefly from the standpoint of the mother that it attracted attention. In France in 1784 Beaumarchais suggested the modern idea of helping a poor nursing mother, not by an asylum for harboring her baby while she worked, but by giving her enough money in installments, so that she could do some work, nurse her baby, and keep her home together.

Newman quotes a report in 1775 that in a certain province of Finland the women began to work in the fields to a greater extent, and resorted to the method of hanging a bottle of sour milk over the baby's crib. It was soon found that the mortality among these babies increased enormously; and an investigation was carried out. As a result a tract was prepared urging those women to go back to previous methods and nurse their children. A royal edict was promulgated imposing a fine of \$10 upon any mother whose baby died and who had not nursed it for the first six months.

The relation of social conditions to infant mortality came to the front around 1850. Numerous studies were made in England and France into economic conditions affecting infant mortality. Sir John Simon in 1858, in his report to the Privy Council of England, said:

"Infants perish in the neglect and mismanagement which their mothers' occupation implies." Dr. Greenhow, at about the same time, said: "The employment of women in factories seems to aggravate the infantile mortality." Even earlier than this, around 1843, some statistics were published dealing with the mortality among children in the different classes of society. It was not until around 1870 that much was done in handling this problem.

Whether there is a dual aspect of the problem depends upon what is meant by the practice of medicine. If practice consists in the dispensing of drugs there is a duality. The attention of the world was called to the problem through the work of physicians chiefly, and it has been their suggestion which is chiefly responsible for the undertaking of various means in vogue. There is no field of work where the two aspects (medical and social) are so absolutely bound together as in the prevention of infant mortality. In work among the poor the physician must and does rely to a great extent upon the trained social worker for carrying out the principles he lays down. The social worker does and must rely upon the physician for laying down those principles and for estimating the results.

With the coming to the front of prevention various new methods were tried. Prevention means education. Newman says, "The problem of infant mortality is not one of sanitation alone, or housing, or indeed of poverty as such, but is mainly a question of motherhood." "The child . . . who depends for its life in the first twelve months, not upon the state or the municipality, nor yet upon this or that system of creche or milk feeding, but upon the health, the intelligence, the devotion and maternal instinct of the mother. And if we would solve the great problem of infant mortality, it would appear that we must first obtain a higher standard of physical motherhood. Without a moment's hesitation, I place this need as the first requirement. Other things are important, but this is the chief thing. And, therefore, in the consideration of any measure for reducing the Infant Mortality, we must first attempt to solve the problem through the mother."

In 1876 in France was formed the Society for Nursing Mothers. In France such associations are private in character, but receive subsidies from the general and local government according to the amount of work done and its character. The society above mentioned has changed its methods. Since 1892 it has been carried on somewhat as follows: A refuge is provided where mothers are received during pregnancy. No questions are asked. About half of them have been unmarried women. Ten thousand have been received between 1892 and 1904. They are given light work to do, such as preparing the baby's outfit, and are taught the general prin-

ciples of hygiene and housekeeping together with moral instruction. They are transferred at term to lying-in institutions, and from there passed on to the second activity of the association. An allowance is granted them during the first year so that they may continue to be with their babies and nurse them. Each woman is placed under the charge of a lady patroness who keeps track of the mother and gives her allowance and sees that she is living up to her part of the agreement; 39,119 children have been so cared for.

The Mothers' Mutual Aid Society in France has been in existence since 1891. Its object is to provide sufficient funds to mothers so that they may not have to work immediately after labor. This work has been augmented by association with milk stations and "Consultations de Nourrissons." In 1894 Mme. Coulettes began her restaurants in Paris, five of which now exist. Two good meals a day are provided to nursing mothers free. The cost is less than four cents a meal. No questions are asked. The requirements are, "They are mothers—they are hungry." The idea is that it is cheaper and better to feed two with one square meal than to provide expensive and difficult modification of milk through distributing centers.

The education of mothers is carried on extensively in England, or the beginnings have been made in many places. Ninety-two such schools, under various names, were in existence in Great Britain in 1910. They work chiefly with mothers after the birth of the child and in some cases include the mothers' restaurant feature.

Consultations with mothers were started in 1892 in Paris by Pierre Boudin in connection with the maternity clinic at the "Charite." They are exclusively for nursing mothers. Dr. Dufour started the "Gouttes de lait" at Fecamp in 1894 with the distribution of modified milk under medical supervision. Instruction is the keynote of both systems. Mr. Strauss in 1893 started milk stations in this country. Instruction was not made a prominent feature and has become less so each year.

In the United States milk station work has been chiefly confined to the distribution of already modified milk. It is only within the last few years that home modification has been resorted to. This brings in the social element of education of mothers. Also milk stations have chiefly been run during the summer months and, even when education is made an important feature, it is thus only applicable for a short time, it fails to accomplish great and permanent results.

In the United States the education of mothers especially begin-

ring before the birth of the child, is a recent development and has been carried on in a haphazard and very small way.

In all our great cities and in many of the smaller ones, active, painstaking work is being carried on along some or all of these lines. The great stumbling block to a more complete success lies in the lack of information as to what is being done and the method used. This is in part due to the petty jealousies between organizations, and to lack in most cases of any attempt at co-operation. It results in a tremendous waste of money and duplication of effort.

The National Association for the Study and Prevention of Infant Mortality is attempting to fill the need by acting as a general clearing house for such information, and deserves the cordial co-operation and support of every organization in the country.

The separation of the social and medical, or better, pharmaceutical, sides of the problem are a distinct disadvantage. So long as responsibility can be shifted by physician or social worker, so long will results fail to be obtained. The program that promises the greatest permanent success is one based on:

1. Education of the mother, of the father, of the physician, of the social worker.
2. Publicity. Making available to all the experience of each.
3. Co-operation.

Education of the mother can be carried out by milk stations, which encourage breast feeding, give expert medical advice, see that this advice is understood and carried out by the use of trained nurses. Their home visiting gives opportunity for personal instruction in hygiene where it must be applied. Pre-natal care and advice and instruction is essential in the campaign and can also be carried out through the milk station, and every organization doing district work.

Of the future mother, by such methods as Little Mothers' League, and making such instruction a part of the compulsory public school education.

Of the father, through working men's clubs, and organizations, churches, etc., explaining the need of preventive methods, rarely appreciated by the working man.

Of the physician, in the social aspects of medicine, and their relation to the prevention of infant mortality.

Of the social worker in the principles of hygiene and the facts of infant mortality, as is done in schools of philanthropy, etc.

Publicity. Through the aid of some such organization as the National Association for the Study and Prevention of Infant Mor-

tality. It is only applying business methods to philanthropy. Every organization should be able to profit by the experience of others.

Co-operation. Utilizing the existing agencies in any locality, saving an enormous amount of duplication of effort.

### Report of Sub-Committee on Certain Important Social Diseases.

By John R. Shillady, Chairman

Tuberculosis, hookworm, syphilis and alcoholism are important social diseases because the results in morbidity and morality are not confined to the individual sick and do not end with the individual's death.

They cannot be solved by social workers alone since the very important first thing in treatment is diagnosis; and diagnosis requires the skill of the trained physician. Diagnosis is of the greatest value, if made early, in the incipient stages of the disease.

All social diseases at present, so far as individual patients are concerned, are diagnosed in the latter, rather than in the earlier, stages of the disease. This is due to the failure of the patient, on the one hand, to realize his need for the physician's services, and on the other hand his inability to pay adequately for such service.

The Social Workers found that among their clients were many whose poverty was either caused or accompanied by sickness. The physician's skill was called into service because the social worker had found a social problem which could not be handled without medical co-operation. The "doctor's dilemma" was that he had diagnosed a disease, but could not accomplish anything but the most superficial and palliative results without dealing with the economic, social and community problem involved in the treatment of the patient and the family of which he was a part.

Here, in brief, lies the foundation of the recognition as social diseases of the four within the province of this committee.

Only socialized medicine can hope to grapple with these diseases, as yet but the beginnings are being made. Only the very rich and the poor have today the opportunity for the best modern treatment of any social disease. The social grades between are left to the chance ministrations of an unorganized medical and social system which lacks the co-ordinating of the medical and social factors necessary to a comprehensive and adequate plan of treatment.

It does not follow that the examination by an expert, the "follow up" work of a "social nurse," the farm colony, sanatorium,

hospital, or convalescent home, must be provided "free" by governmental or philanthropic funds, but social diseases must have social treatment if we are to get anywhere in our methods of cure, or of preventing infection of the well by the sick.

For the better co-ordination of medical and social work, the sub-committee recommends to the general committee on medical and social co-operation, the following suggestions to the workers in each community.

1. A close co-operation of all the medical and social agencies in every community for the study and treatment of social diseases in which their work is involved.

2. Registration in a central registration bureau of all patients treated by any agency.

3. A co-operative social service committee, composed of representatives of all agencies, medical and social, for review of all problems affecting patients or families, common to all of them.

4. Close co-operation of medical and social agencies with factory inspectors, health officers, and agents, and other public "social workers."

5. Courses in medical schools and to hospital nurses on social side of these diseases by social workers; and instruction of social workers in medical phases of the problems involved.

6. That the attention of relief agencies and associated charities, be called to the advisability of requiring district visitors to have medical as well as social training, wherever sufficient compensation is to be paid the worker to make such requirement reasonable.

7. The continued insistence by all medical and social agencies of adequate minimum standards of living for every family and in an adequate wage for all, both men and women, sufficient to support themselves and dependents; no working person over eighteen to receive a wage which is merely supplementary to "family income," in order that economic needs may not result in the social diseases considered by the committee.

## Report of Sub-Committee on Prevention of Blindness and Conservation of Eyesight

By LUCY WRIGHT, Chairman.

Two interesting things about the recent movement for prevention of blindness and conservation of eyesight from the standpoint of medical-social work, are that the immediate practical means by which this subject was brought effectively to general lay attention were:

1. Some of our schools for the blind kept careful records through ophthalmologists, of the causes of blindness in children who came to them, and,

2. At least one ophthalmologist, with a profoundly social point of view, pointed out to his own profession with such force that it came to the ears of individual philanthropists and social workers, a single fact, appalling alike from medical, social or purely economic point of view.

Although in 1881, Professor Crede, of Leipsic, made the wonderful discovery that a single drop of 2 per cent. solution of silver nitrate dropped from a glass rod to the eyeball of a new born infant, would destroy the germs of ophthalmia neonatorum should any be present, and would not injure a healthy eye, still, in 1900-1910 at least 25 per cent. of children in schools for the blind in the United States are blind as a result of this disease.

A third point of interest about this movement is that the combination of medical and social attention to this single most obvious aspect of preventable blindness, not only has led to interest on the part of the public in one aspect after another of the problems of eye protection, but has precipitated new methods of work in which there is an active share for medical-social workers.

The facts of continued needless blindness had led, largely through medical initiative, to special legislation in various states, from 1891-1896, and in 1906 led to systematized national work by the American Medical Association which appointed in every state of the union committees on ophthalmia neonatorum, strictly medical in membership and character.

There has probably not been a single Association or Commission of lay workers for the blind, public or private, organized since about 1905-1906—when the New York Commission for the Blind made its first investigations and when the Massachusetts Association for Promoting the Interests of the Blind made work for prevention a part of its active program—that has not put prevention first on its program. At least ten lay organizations for doing state wide work have been organized since then and in 1911 the American Association for Conservation of Vision organized with a scope of work including,

1. Prevention of infantile blindness.
2. Prevention of blindness from industrial and other accidents and from disease.
3. Conservation of vision through improved conditions during school life, and in industrial occupations.

The best illustration of spirit and a most interesting illustration of method in work for prevention of blindness and conservation of



eyesight is offered by the work of Dr. J. A. Stucky, of Lexington, Ky., among the Kentucky mountains, in co-operation with the local special schools. He says:

"For more than a quarter of a century, I have had many patients coming from the interior mountain region of Kentucky, with trachoma. The number of these cases increased each year, so I determined that I would personally visit these regions to investigate the cause of the disease . . . In September, 1911, accompanied by four trained nurses, we rode mule-back or in one of those springless mountain wagons . . . stopping at some of the mountain homes or school houses.

"At Hindman, in the clinic connected with the W. C. T. U. Settlement School, we saw over 400 natives, some of whom we had seen in the April before, and 25 per cent. of the entire number had infectious diseases of the eyes.

"On this trip, in addition to holding the clinic, I examined all the children of several of the mountain schools as to the condition of their eyes, ears, noses and throats and teeth, and at Hindman, every one in the large, flourishing school was examined and a record kept of each pupil.

"The solution of the problem, as I have said before, is through education. This will be accomplished most effectually through the schools. One of the crying needs of these people is for clinical facilities, and for clinical opportunities, the need of the opportunity for relief from these diseased eyes from one who has paid especial attention to these diseases. A small hospital properly equipped would accomplish almost as much in the education of the people and would do more for the relief of the condition already referred to if presided over by one who had been especially trained in the care of the eyes than anything else . . . To make the solution of the problem still more ideal would be the placing of graduate nurses in the mountains qualified by especial training who could do the work similar to that done by the District Nurse in the cities and carry out the instruction of the medical attendant."

What experience has shown during the five years past on the subject of the value and limitations of legislation, can only be hinted at. Valuable legislation bearing closely upon the protection of eyesight has included:

1. Protection from Eye Strain.

School eye examinations.

Supervision of school and factory lighting.

2. Protection from Disease:
  - Ophthalmia neonatorum a reportable disease.
  - Early birth return laws.
  - Provision for free distribution of prophylactic.
  - Regulation of lying-in hospitals.
  - Abolition of the common towel.
3. Protection from Accident:
  - Protection of minors in industry.
  - Investigation and prevention of industrial accidents to the eye.
  - Workmen's compensation law with special provision for partial loss of sight.

The most effective lessons of all perhaps have come through efforts for enforcement of the reporting law for ophthalmia neonatorum.

The discovery has been made that a system of prevention for this single cause of blindness, if it is to stand the test of the individual case, calls for such organization and follow-up work as none of us dreamed of. We should no longer recommend the reporting law except as it may go hand in hand with inspection from health authorities of reported cases, transfer to hospitals of severe cases, and follow-up visits for discharged cases.

In Massachusetts the excellent reporting law of 1905 was practically a dead letter outside of Boston until 1909, when the question of enforcement was tackled by the State Board of Health. An adequate handling of a case is best attained by active representation of the three parties concerned:

1. Medical authorities as represented by the special hospital.
2. Public health authorities by state and local boards of health.
3. The needlessly blind, as represented by a field worker for prevention under a State Board for the Blind.

A comparison of recent reports of the New York and the Massachusetts State Boards of Health, shows for the same month, five reported cases of ophthalmia neonatorum in one state and 135 in the other. This means, not that the disease is twenty-seven times more prevalent in one state than in the other, but that, in one state, and not the other, a local Board of Health and the State Society for the Prevention of Cruelty to Children have prosecuted physician after physician who have violated the reporting law. On the ground that any violation of the law deprives the health authorities of the opportunity to see that proper treatment is secured, the local Board of Health has prosecuted physicians without reference to whether or not their violation of the law has been followed by serious results. The Society for Prevention of Cruelty to Children, on the other

hand, has prosecuted, in various localities, only physicians whose violation of the law has been combined with apparent neglect resulting in blindness. Both courses are logical from the point of view of the agencies concerned; and both have resulted in an enormously increased observance of the law.

Midwives have been prosecuted in Boston and Fall River, Massachusetts; Cleveland, Ohio, and doubtless in other cities.

Under workman's compensation laws, awards for the loss of an eye have already been made to workmen in more than one state. Such awards, as they multiply, are counted on as strong inducements to employers to put in use and in force devices and rules for the protection of eyesight.

The main question for the social worker seems to be the question of when to call in an expert. "Education in this specialized and yet all-involving field of public health, demands such a revitalizing of existing medical schools, of training schools for nurses and social workers, and of State Boards of Registration for Physicians and Nurses—such a revitalizing of all these that the physicians, nurses and social workers, (including public administrators) shall be eager to call in experts, to work with them, and to work for them, in the saving of eyesight."

Proper work in this field also requires the education of experts, medical, nursing and social, whose specialty shall be, each in their own department, the preservation of eyesight. Only through such increased education can the demand, now too often falsely filled by so-called "eyesight specialists," "optometrists," etc., etc., be legitimately filled.

Meantime the wider public must be reached, and is being reached by health authorities, through circulars and the direct work of their inspectors, and nurses; by such State Commissions as the Ohio Commission for the Blind, with its traveling lecturer, and its newspaper pages; by field agents; by social service departments, and by such loan exhibits, lantern slides and popular lectures as have been made use of by New York workers.

## Medical and Social Co-operation

Extemporaneous Address at Conference on Charities and Corrections, held in Cleveland, June 12-19, 1912.

Miss Mary E. Richmond

A friend of mine yesterday consented to make for me a study of the personnel of the Conference with reference to the comparative number of members who belong to the medical profession, and those whom we shall class under the heading of general social workers, or non-medical. Of the eight hundred and fifteen members thus considered, eighty-two were found to belong to the first class, and seven hundred and thirty-three were "non-medical." In the future we hope that no such classification and differentiation will be possible.

In the past many of us of the second class have been more inclined to get to work and fulfill the moral obligation which rests upon us, than we have been to recognize the physical and mental needs and limitations of the people with whom we are dealing. We should now place emphasis on this latter point. Indeed, it would be hard to overemphasize it. Because man has a complex organism, because he is many sided and the mental and physical play into this question, we find it impossible to fulfil our social obligation unless we appreciate the fact that the physical well-being is interrelated with man's social health in a manner obvious and easy to trace.

For us of the "seven hundred and thirty-three" I have a few suggestions whereby we may perhaps come to a more complete understanding of the problems which confront us. We, of course, think first of all, "What can we do as individuals? Toward what direction shall our strength and work be directed?" Our first impelling thought is apt to be to do something new. It is not necessary for us to think that the only way to help is

by starting some new agency. Rather, this is an easy way out. This would not really be doing anything new. It would be going back to the way the problem has been met before. I want to urge upon you something more difficult. That is, to change your daily habits of thinking about old tasks. Hands and heads before agencies.

In this connection there is brought to mind the increasing inertia to do anything about a thing until an agency has been established to deal with the whole of it. Do things without an agency. Get your experiences recorded and studied and then, and not until then, get your agency.

The records, aside from their usefulness through the mass of personal material which they contain, have a very definite value to the social worker. We tend to think abstractly, but as the record takes written form, our plan comes from the abstract to the concrete and becomes definite through the concentration brought about in writing up our records. When these are written, study them.

In regard to the study of records, I had a personal experience which was most illuminating. I took one of our old records, one dealing with a family in which there were some difficult girls. I changed the names and addresses, printed it privately and passed it on. I asked medical and social workers, children's society officials and reformatory superintendents for their opinion, and received forty thousand words of criticism. The child saving worker said in discussing the method of dealing with one of the girls that in 1906 he would probably have done the same as this worker did, but that 1912 was not 1906, and now he would have done something different as he would have recognized some of the symptoms of constitutional inferiority which he had been taught to look out for. Indeed, 1912 is not 1906.

One thing which we have learned since 1906 is to diagnose diseases in their earlier, rather than in the

later, stages, especially in cases of syphilis, alcoholism, etc. Getting the patient to the doctor in time has all the value of preventive, as compared to curative, measures. A great many of these earlier cases are in our hands. We often meet these diseases when the patient does not know that he needs the care of a physician. Things go on from bad to worse because of this blindness.

This is the health and disease message of the Conference. How shall we apply it? We must apply it, because we have not learned it until we do. We hesitate to ask questions, but if we learn things from literature and get our knowledge in a predigested form, we do not get from it what we would if we learned by questioning and the development it brings.

When the social worker goes to the doctor for information, she does not always get what she thinks she does, or what she came for. The social workers comes to the doctor for such information as will make more complete her social facts; she does not get this if she is given medical guesses. If the social workers, after talking things over with the doctor, upon leaving gives him a written summary of the case, his information both medical and social is accurate and complete, and is made permanent where it might otherwise be lost forever. The social worker must have an accurate knowledge of the physical condition of the patient, and this must be brought up to date. We must see, too, that we do not effect the accuracy of the medical facts by passing them from hand to hand. Each passing means a loss of 50 per cent. Keep your medical facts, as well as your social facts, about the family up to date.

It often happens that we must choose among a number of contending principles, sometimes compromise, and sometimes ignore. A woman applied to the Associated Charities because she had been told by the police that if anyone could find her deserting husband, they could. We found him earning good wages in another city. He

was persuaded to give \$8 a week for the support of his family, and soon after, deciding that if he had to pay as much as that he might as well be at home, returned. Things were thus satisfactorily arranged, and all was going well. Presently, however, the wife became pregnant and a midwife was hired. This latter circumstance conflicted with our plan, and we were forced to look for a new way to approach the problem. I hurried with the record of the family to the office of the Blind Association, which occupies the same building as our organization, and gave the record to Miss Van Blarcom, demanding her advice as to what I should do. Her suggestion was, that I see if the child's birth had been registered, thus finding also if the midwife had treated the baby's eyes properly. I found that the birth had not been registered. I was thus forced upon a new line of action.

This is only one example of the fact that it is a good deal better to have three or four aspects of treatment than to have but one. Sometimes we are shut out temporarily from one plan, or we may have to choose between several for a time, but we must not forget the neglected ones. The more varied our case work is, the better it is. The best thing for a social worker is that wider outlook into other fields, which makes her work more effective than heretofore.



## The Educational Aspects of Medical-Social Work

Address Given at the Conference on Charities and Corrections,  
held in Cleveland, June 12-19, 1912.

Dr. Richard C. Cabot

In discussing the educational aspects of medical-social work I shall not speak of the preliminary education or preparation for this work which the social worker needs, as I know nothing about it. I will, however, speak of the numerous other heads under which this discussion falls; namely, what doctors learn from social workers; what social workers learn from doctors; what doctors and social workers learn from patients; what patients learn from social workers and doctors; what all learn from success; and, lastly, what all learn from failure—those things which make that failure a blessing.

I shall speak of certain peculiarities of medical-social service as I have known it in hospitals. Hospital-social work is one of the few educational institutions wherein everyone is both teacher and taught, and where no one has any reason for getting into the attitude of a chronic teacher, which is a dangerous attitude for any of us. This kind of teaching occurs by demonstration and practice, little of it by talk. Hospital-social work brings about the close contact of two professions; not the contact between workers in different branches of the same profession, as it is in the case of doctor and nurse, but it unites two professions hitherto separate, doctor and social worker. There are very few people in this country who have any idea of what a social worker is. She is confused with nurses, and even with members of other professions which are very different. Doctors, nurses and social workers all deal with people and their environment, but in different ways. The doctor and

nurse deal with people from the point of view of health. The social worker is interested in personality and environment from the point of view of character in every condition, which is more important. The social worker ought to be trained to recognize and deal with all in personality and environment which affects character. The doctor and nurse have no special training for this. They are in need, therefore, of this contact with another profession and of being taught by their peers. Team work of two professions is always interesting. In this way they can give each other very vital and essential help. Ministers and doctors failed to work together in this. The doctors would not play the game. Doctors look down on ministers and will not work with them on equal terms. They think that they can deal with the patient in all the ways he needs to be dealt with as a human being. Doctors often think they can deal with patients as social workers can; but they cannot. The interrelation of the legal profession and social workers has been an excellent thing for the legal profession and has made for effective work for both. An example of this is Juvenile Court work. We doctors ought to share in these experiments.

Doctors learn from social workers that the patient is a symptom of a family condition and a family disease, in a moral way. We still need to be taught that the family is a unit. A homeless man, of course, is not a family, but most patients represent families, and must be treated as such. An example of this comes to my mind: A child had St. Vitus' dance and heart trouble and needed rest and treatment. However, there was a father to be considered in this case, and if he could be kept well he would earn enough to care for the child, otherwise he could not help the child at that time. Industrial diseases must be taken into account. These patients should not be treated as individual cases, but as symptoms of a trade disease. They should be followed up.

We should know more about patients than what we learn from their history. Frequently people come to hospitals for diseases which they do not particularly mind having. If the treatment is expensive, they may be very much annoyed to find it so and may not return. In planning a diet we must know the patient's race customs, and we must take into consideration what things he eats under ordinary circumstances and conditions, in order to know what he will take under extraordinary conditions. Prejudices also help to dictate the diet.

Health is not the most important thing. Every act of heroism denies that health is the greatest thing. In hospitals we frequently see patients commit these acts of heroism, but it takes a social worker to bring the force of this fact home to the physician. Doctors have been taught to look for health first and last. Along this line is the consideration of convalescent homes, and the danger of large doses of these to whole families.

Social workers have taught doctors that the way of saying a thing to a patient makes as much difference as what is said. A man is not necessarily deaf because he does not understand us. A large part of efficient treatment in hospitals consists in inducing people to change their habits. This is a Herculean task, and one which needs on the part of the patient encouragement and confidence in the one who advises him, otherwise nothing happens, and nothing does happen in many cases for this very reason. The psychical element in this is strong. The social workers keeps this fact before the physician's mind.

Because the social worker deals with the family as a whole, rather than with individuals as scattered fragments of society, case work is not closed when the patient disappears from the clinic. Few clinics undertake to follow up the case and see what happens. Through the social worker hospitals are just beginning to realize

that effective work consists in knowing what happens to patients after one thinks one has done some good.

From the doctor the social worker may learn the real use of written records and to realize their value. Few social workers emphasize the fact that a well written record makes the writer know more about the case. The record clarifies the case. The social worker in this way gets her whole thought about the case simultaneously before her. Our minds have been seeing our experiences through a narrow slot, not all at one time. For this reason records are valuable as a permanent memorandum. They show us also what we might not have seen otherwise, and what we have not thought of doing before. Well written records make us reason better. I shall not enter into a discussion of this for the psychology of it is difficult and involved, although the experience is a common one.

The prognosis of a case is of great importance. By this we mean the reasonably expected outlook at any one time. Social workers make their plan, but often this plan would not be so faulty if the social worker had a proper prognosis of the case. A proper prognosis gives a greater chance of permanent improvement.

Social workers can learn from doctors an intenser concentration and self control. Doctors are trained to use ideas as tools to pry their way to knowledge of facts. Doctors use hypotheses in medicine, and use these as tools, not as facts. Social workers are too apt to accept a thing as a fact or else not to take it at all.

Social workers lack knowledge about the phases of insanity, neurasthenia and sex. Even that greatest of social workers of whom we are all proud, and in whose work we feel honored to have a share, Jane Addams, is not as understanding of these problems, and in her latest book these have not been grasped as they would have been had the discussion of the subject been written by someone connected with this work in hospitals.

Doctors and social workers alike learn from patients that divine quality, heroism, and come to see that there are greater things than health. In this connection I recall the words of the great German thinker:

"The poor make me rich;  
The sick give me health;  
From the dying I have  
Learned to live."

This heroism of patients is frequent. It seems as though we could never possess the depths of virtue which they have, and of which they do not even know the name.

Some people teach that all who wear good clothes are parasites. As long as there are those who teach this, and as long as that idea is clung to, it will be a benefit to have close contact between the poor and those not so poor, which hospital-social work provides. If there ever comes a social revolution, there will be no bitterness against doctors, nurses or social workers.

Success is the teacher of us all. Any life is deficient which has not learned the lessons of both making a success of a thing and of making a failure of something. We must all learn to fail and to succeed. We should know the happiness of success and the even greater happiness of learning from failure. We owe a great debt to Mr. William H. Allen for the phrase "100 per cent philanthropy." By this we mean the philanthropy which starts with a scientific survey of the field, and provides adequate means of wiping out the need. Most of us do not have much experience with this kind of philanthropy, but it is a thing to strive toward. An example to be cited is the work of the American government in Panama in the fight against malaria and yellow fever. The French failed, but the United States government made a survey and a two-year preparation for this enemy and conquered it, and it was a most magnificent defeat. The death rate there is now lower than in most civilized places. This was a 100 per cent success.

Dr. Woods Hutchinson has offered a plan for a similar piece of 100 per cent philanthropy in his challenge to wipe out tuberculosis, the entire country to accept the plan and aid in it. We need this challenge and we need it all the time. We also need to know the conditions of such success. All 100 per cent philanthropy rests upon scientific facts as its basis. We boast of the progress of science over outworn theories, and this is the greatest thing. There is progress every day; facts which were supposed to be true are found not to be true; old facts are discredited. The swiftness of scientific progress is in proportion to the number of its mistakes. Medical science in preventive medicine is developing most rapidly, an example of this being the enormous progress in the theories about ventilation. Bad ventilation means, not moist air, not necessarily too little oxygen, but too much carbon-dioxide. Other examples of this enormous progress are the work with tuberculosis, and in dental hygiene. However, in our work in tuberculosis twenty years from now we will not be doing what we are doing now. It is a magnificent adventure, and nothing else.

Let us now consider failure. Suppose all our theories about tuberculosis, for example, are wrong. Certain elements would survive this failure, and these make that failure a blessing. These are the personal relationships, human friendships, between doctors, social workers, nurses and patients working for a great good. Nothing can change this. The knowledge that one has done one's best guarantees satisfaction in life. That non-utilitarian, mystic relation of man to his fellow-men is, after all, the only thing we can count upon in this profession. Let us put more stress upon this. It cannot leave us in the lurch, as 100 per cent philanthropy can. We are taught by contact and that contact is precious.

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